

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8501**

BIRTH NO. **346**

1. NAME OF DECEASED  
(Type or Print) **William Butler**

2. DATE OF DEATH **Sep. 12, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland **Dist 2**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE **Md.** B. COUNTY **Anne Arundel**

B. FULL NAME OF HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Severna Park**

D. STREET ADDRESS (If rural, give location) **5200**

Length of stay in Baltimore

5. SEX **male** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Oct 15, 1887** 9. AGE (in years last birthday) **65** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labon**

10B. KIND OF BUSINESS OR INDUSTRY **Fertilizer Factory**

11. BIRTHPLACE (State or foreign country) **Maryland**

12. CITY, STATE AND COUNTY OF BIRTH **D.C.**

13. FATHER'S NAME **William Butler Sr.**

14. MOTHER'S MAIDEN NAME **Cora Bessie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) **No**

16. SOCIAL SECURITY NO. **217-01-9610**

17. INFORMANT ADDRESS **JOHNS HOPKINS HOSPITAL**

18. **204.21**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Myocardial Infarction**

**7 yrs.**

DUE TO

**ANTECEDENT CAUSES**

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/26, 1952** to **9/12, 1952** that I last saw the deceased alive on **9/12, 1952** and that death occurred at **8:17 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**John C. Holzman M.D.**

23B. ADDRESS

**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

**13 Sept. 52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial**  
DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 15 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**William Lee, 11-108 St. Washington St. Annapolis, Md.**

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

22

1

Wm. H. ...  
Attorney at Law



3520 8502  
REA-162954BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8502  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Earl Reid

2. DATE  
OF  
DEATH

Sept. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1131 Argyle Avenue

c. Length of stay in Baltimore

16 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

13. FATHER'S NAME

Hillard Reid?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Oct. 3 ?

9. AGE (In years last birthday)

37 ?

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Bessie Flythe

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic Acidosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Possible Cerebral Vascular Accident

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9 52 to 9-10 52, that I last saw the deceased alive on 9-10 52, and that death occurred at 1:30P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. 4940 Eastern Avenue

9-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/15/52

Baltimore, National

Baltimore, City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Hartington Williams, M.D.

J. L. Brown &amp; Co.

108 W. Montgomery St

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52 8503BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8503  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

TATE, ANNA E.

2. DATE

OF

DEATH

SEPT. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)University Hospital  
Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Howard

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hanover

D. STREET ADDRESS (If rural, give location)

Rural

6300

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2, 1883

9. AGE (In years  
last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Doering

14. MOTHER'S MAIDEN NAME

Anna Burwirth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John T. Tate Hanover Md

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease

DUE TO

Several years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 1952 to 9/11, 1952, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Packert, M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/12/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/15/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc. 1217 St. Paul St.

1000

28

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1000

28

CAUSE OF DEATH

28

610  
52 8504BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8504

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George B. Sharp

2. DATE  
OF  
DEATH

9/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

314 S. Augusta Ave.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/12/1867

9. AGE (In years

last birthday)

85

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Sharp

14. MOTHER'S MAIDEN NAME

Margaret S. Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Earl C. Sharp 314 S. Augusta Ave.

18.

420 1 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Age

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased on 9/13, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Earl C. Sharp

M. D.

23B. ADDRESS

4605 E. Dresden Ave.

23C. DATE SIGNED

9/13/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Bok Inc. 1217 St. Paul St.

VS 150

520008499

MINNESOTA DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of funeral director		12. Signature of witness	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation		76. Signature of cremation	
77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation		88. Signature of cremation	
89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8505  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John T. Ellis</b>			2. DATE OF DEATH <b>9-13-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 26-02</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5501 OMAHA Ave.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>MAR. 7-1937</b>		9. AGE (In years last birthday) Months: Days Hours: Min. <b>15</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE Md.</b>	
13. FATHER'S NAME <b>ALBERT C. ELLIS</b>			14. MOTHER'S MAIDEN NAME <b>AGNES M. WATTS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>FATHER SAME</b>	

18. <b>E919.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Gunshot Wound of Abdomen</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5501 Omaha Ave.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>September 13, 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Shot while cleaning a 22 caliber rifle</b>	
22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William L. Williams</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-17-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO MD</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>L. J. Ruck</b>		24H. ADDRESS <b>5305 Harford Rd</b>			

VS 151 N 879.21 9520008500

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "The" and "and" are faintly visible.]*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8506  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CATHERINE Louise Reagan

2. DATE  
OF  
DEATH

Sept. 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

5309 ST. George Ave

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE 27-10

D. STREET ADDRESS (If rural, give location)

5309 ST. George Ave

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 17-1886

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Covington, Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Kuhlmann

14. MOTHER'S MAIDEN NAME

SARAH Bowke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS 408  
MR. Robert Reagan - Woodford Rd

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

General Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cancer of Colon

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

May 10, 1951

19B. MAJOR FINDINGS OF OPERATION

Cancer of Colon

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1951, to Sept 13, 1952, that I last saw the deceased alive on May 13, 1951, and that death occurred at 20 m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham Schaper

M. D.

23B. ADDRESS

2028 Euter Pl.

23C. DATE SIGNED

Sept. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/16/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO. Cem

24D. LOCATION (City, town, or county) (State)

BALTO, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 HARFORD Rd

SEP 15 1952

VS 150

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Sahapwa  
2028 Eutan Pl.

500  
52 8507BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8507  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>IDA MYERS LION</b>		2. DATE OF DEATH <b>Sep. 12, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE CITY</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>15-11</b>	
C. Length of stay in Baltimore <b>75</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4004 CEDARDALE ROAD</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <b>JUN. 19, 1877</b> 9. AGE (In years last birthday) <b>75</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>ABRAHAM MEYERS</b>		14. MOTHER'S MAIDEN NAME <b>CAROLINE Wymen</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>SON Mr S. John Lion, Jr.</b>		ADDRESS <b>SAME</b>	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBRAL HEMORRHAGE</b> DUE TO <b>HIGH BLOOD PRESSURE</b> DUE TO <b>ARTERIOSCLEROSIS</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>10 years</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>SEP. 11</b> , 1952 to <b>SEP. 12</b> , 1952 that I last saw the deceased alive on <b>SEP. 12</b> , 1952, and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>E. E. Linnell Jr.</b>		23B. ADDRESS <b>UNION MEMORIAL HOSP.</b>		23C. DATE SIGNED <b>SEP. 12, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/15/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Hebrew Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tickner &amp; Sons</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS <b>Balto 17, Md</b>	

VS 150

correct age is especially important. Physicians: please use the causes of death clearly and correctly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

TO HAVE BEEN ISSUED IN THE CITY OF BALTIMORE  
ON THE 10TH DAY OF JANUARY 1924  
AT THE RESIDENCE OF THE DECEASED  
1004 GEORGETOWN ROAD  
BALTIMORE, MARYLAND  
DECEASED  
JAMES M. MURPHY  
AGE 45  
CAUSE OF DEATH  
CORONARY THROMBOSIS  
HIGH BLOOD PRESSURE

ATTEST  
J. M. MURPHY  
JAN 10 1924  
BALTIMORE, MARYLAND



PERRY  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8508

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary W. Perry</u>		2. DATE OF DEATH <u>Sept. 11-1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>15-38</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3413 Fairview Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>73</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3413 Fairview Ave.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 28, 18</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	9. AGE (In years last birthday) <u>73</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Robert W. Perry</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Gaston</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <u>Miss Margaret Perry - 3413 Fairview Ave.</u>	

18. <u>5988</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		<u>Chr. myocarditis</u>	<u>1950</u>
(B) DUE TO		<u>Chr. Intestinal nephritis</u>	<u>1950</u>
(C) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar. 2</u> , 19 <u>52</u> , to <u>Sept. 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept. 11</u> , 19 <u>52</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Paul Brown</u>		23B. ADDRESS <u>6602 Liberty Hgts. Apt. No.</u>		23C. DATE SIGNED <u>9-12-52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/15/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Wm. J. Tucker &amp; Sons</u>		ADDRESS <u>Balto 17, Md.</u>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

RETURN TO THE DEPARTMENT

1918

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8509 Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

(Chessman)

WILLIS C. MANSON

2. DATE  
OF  
DEATH

SEPT. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE. 2200

D. STREET ADDRESS (If rural, give location)

7007 BELLONA AVE.

c. Length of stay in Baltimore

25

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

July 30, 1903

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Controller

10B. KIND OF BUSINESS OR INDUSTRY

C. & P. Tel. Co.

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Manson

14. MOTHER'S MAIDEN NAME

Harriet Chessman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth L. Manson-7007 Bellona Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from SEPT. 12, 1952 to SEPT. 12, 1952 that I last saw the deceased alive on SEPT. 12, 1952 and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Lyden

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Sept. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

9/16/52

24C. NAME OF CEMETERY OR CREMATORY

Riverside Cem

24D. LOCATION (City, town, or county)

Shelton, Conn.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

VS 150

192925A 850 Balto 17, Md.

MEDICAL CERTIFICATION

1910

OFFICE OF THE SECRETARY

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653 68510  
B-163038BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8510  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mable Carter</b>			2. DATE OF DEATH <b>Sept. 12-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>209 East St. zone 2</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 15-1912</b>	9. AGE (in years last birthday) <b>40</b>	10. Under 1 year Months: Days 11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Mr. Scott</b>		14. MOTHER'S MAIDEN NAME <b>Nellie Bennett</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Baltimore City Hospitals Records: 4940 Eastern Ave.</b>	

18. <b>013 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Thrombosis Auricle</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Luetic Heart Disease</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>years</b>
--	--

CERTIFICATION APPROVED BY

**J. Fisher** M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-12-12 Noon</b> , 19 <b>52</b> , to <b>9-12-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-12-</b> , 19 <b>52</b> , and that death occurred at <b>6.30 PM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Johnston</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE <b>Sept. 13-1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-16-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Wm. A. Brown Co.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>Conrad W. Sullivan Jr.</b>	

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION  
 ONLY AND IS NOT TO BE USED FOR ANY OTHER PURPOSE

DATE OF BIRTH

DATE OF DEATH

DATE OF BIRTH  
 DATE OF DEATH

DATE OF BIRTH

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DATE OF BIRTH



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8511  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JACOB J. W. ADDLEY</b>		2. DATE OF DEATH <b>September 11, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>32 yrs</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2802 Parkwood Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>m.</b>	8. DATE OF BIRTH <b>May 27-1898</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caravan</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	9. AGE (In years last birthday) <b>54</b>
13. FATHER'S NAME <b>Jacob Addley</b>		11. BIRTHPLACE (State or foreign country) <b>Orange N. J.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>	
16. SOCIAL SECURITY NO. <b>217-01-1200</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. INFORMANT <b>Addie Addley</b>		ADDRESS <b>2802 Parkwood</b>	

18. <b>157 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Inanition</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of the head of the pancreas</b> (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

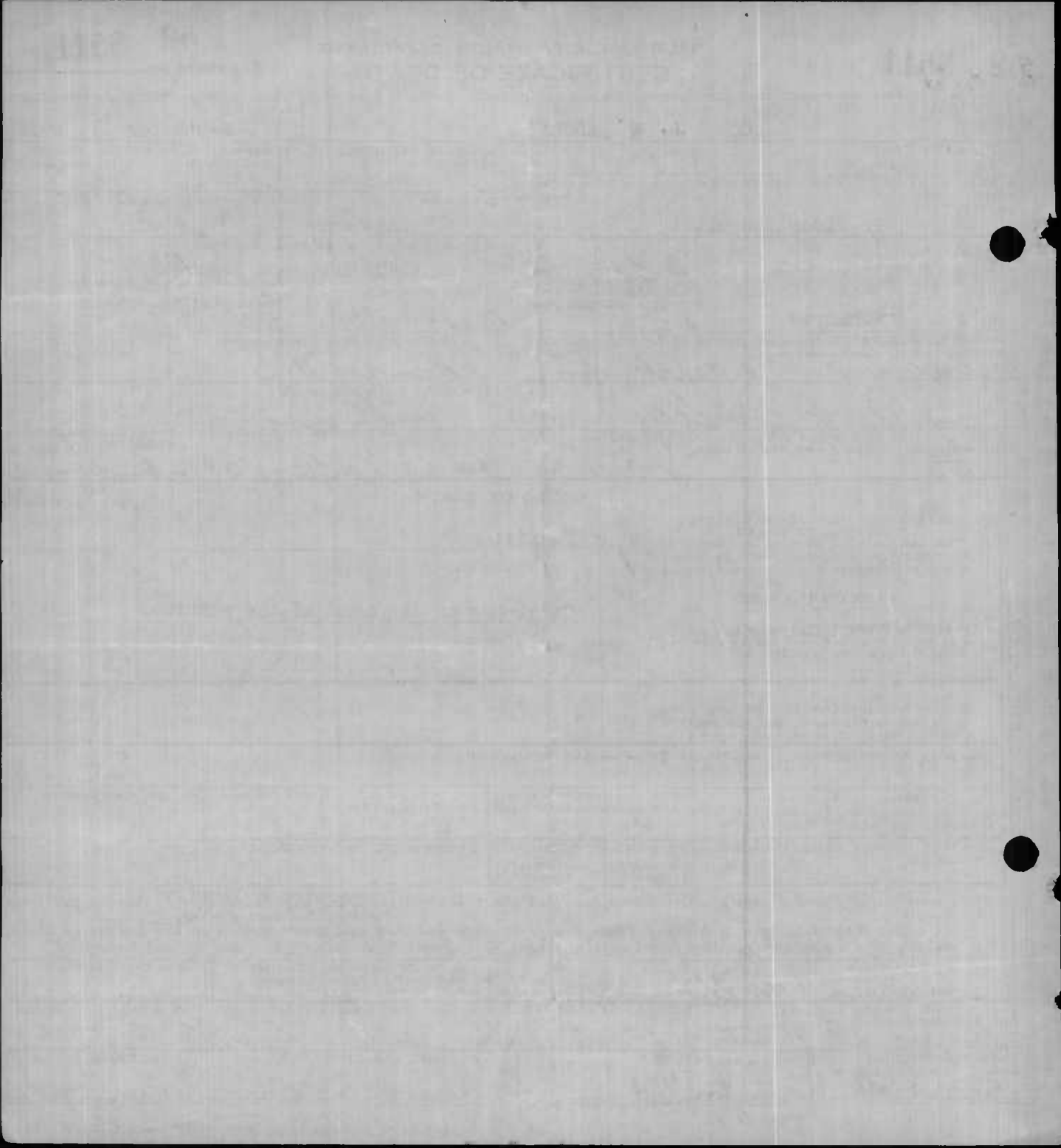
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Barth</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Sept. 11, 1952</b>	
---	--	--	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-15-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western Star Cem</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	
--	--	-----------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr</i>		ADDRESS <i>1011 Y. Arlington Ave</i>	
--	--	--	--	--	--	---	--



630  
52 8512SHIRD  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8512

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Willie Howard Shird

2. DATE  
OF  
DEATH

Sept. 14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

John Hopkins Hosp.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2316 W. Linnale St

5. SEX

male

6. COLOR OR RACE

col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Sept. 16-1916

9. AGE (In years  
last birthday)

35

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS OR  
INDUSTRY

Steel

11. BIRTHPLACE (State or foreign country)

Whiteville N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Willie Shird

MILL

14. MOTHER'S MAIDEN NAME

Mamie Dunham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mamie Davis - 2316 W. Linnale St

1B. 704.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myeloid leukemia

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2 1952 to 9-10 1952, that I last saw the  
deceased alive on 9-10 1952 and that death occurred at 11:15 m. from 9-10-52 and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Age at Death		Sex	
Cause of Death		Occupation	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8513  
Registered No.

460  
52 8513

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>AGNES M. Miller</b>		2. DATE OF DEATH <b>9-13-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>md - Gen. Hospital</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>9-03</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2005 Oak Drive #7</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Jan 4, 1892</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>60</b>
13. FATHER'S NAME <b>Edward Bowersox</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>None</b>		14. MOTHER'S MAIDEN NAME <b>Louise Stevenson</b>	
17. INFORMANT <b>Mr. Marvin Miller</b>		ADDRESS <b>2005 Oak Drive</b>	

<p>18. <b>174X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Carcinoma of uterus with Carcinomatosis</b></p> <p>DUE TO</p> <p>(B)</p> <p>DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>1</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-5 - 1952</b> to <b>9-13</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-13</b> , 19 <b>52</b> , and that death occurred at <b>4:30 A.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>Jay Donald Fisher</b>		23B. ADDRESS <b>md. General Hosp</b>		23C. DATE SIGNED <b>9/13/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-16-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park</b>	
				24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>G. Howard Strong 3207 W. North Ave.,</b>	

VS 150

1 9 5 2 0 0 0 8 5 0 8

correct age is extremely important. Physicians: please write the causes of death clearly and

MEDICAL CERTIFICATION

NO. 731 TO STATION 25

ARMED AND DANGEROUS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8514

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

DUE TO

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1944 to Sept. 13, 1952, that I last saw the deceased alive on Sept 12, 1952 and that death occurred at 9:15 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

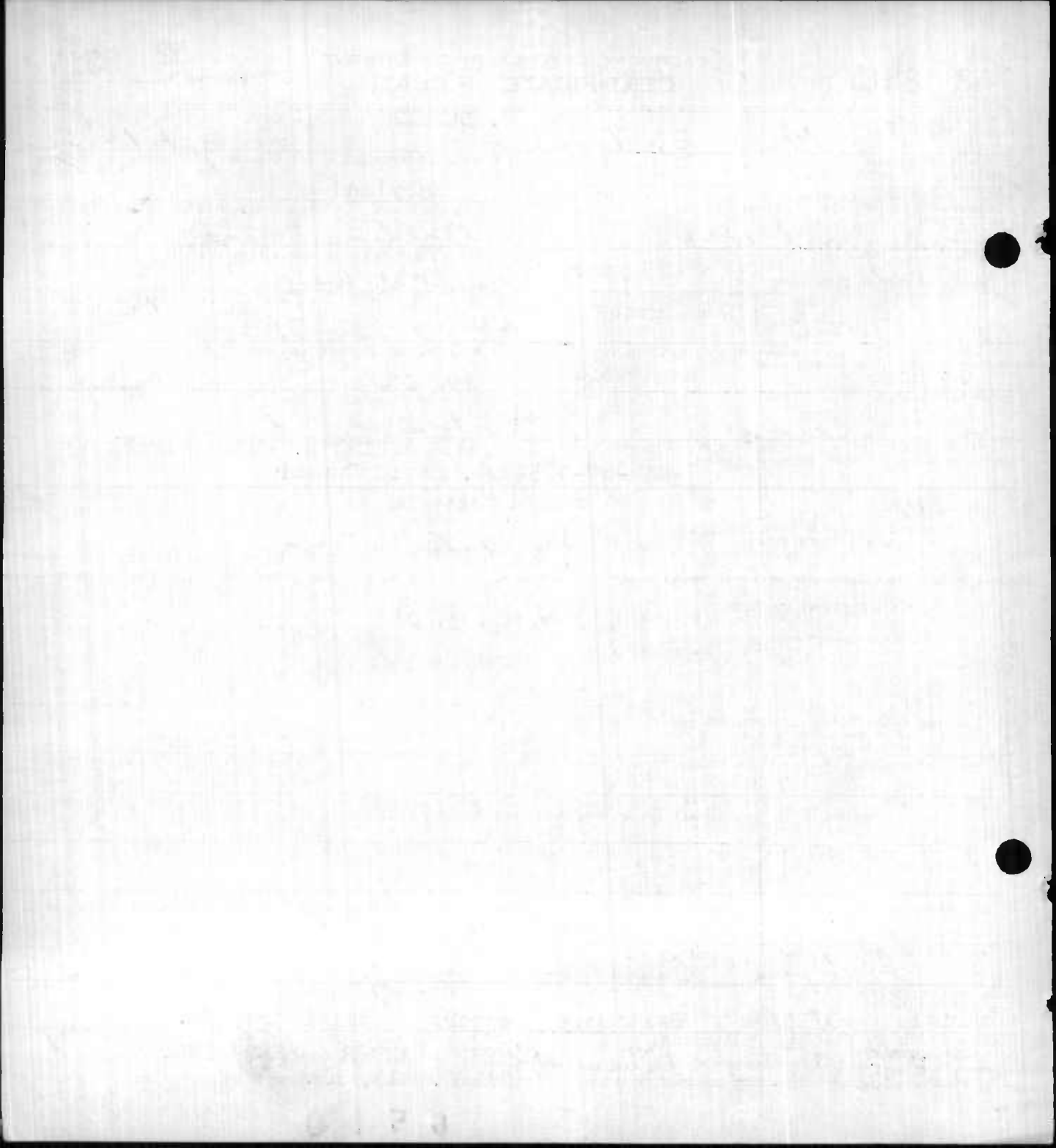
SEP 15 1952

VS 150

MEDICAL CERTIFICATION







**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8516  
Registered No. \_\_\_\_\_

520  
52 8516

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Reuben Thomas*

2. DATE  
OF  
DEATH

*Sept. 12, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

*Provident Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence  
A. STATE B. COUNTY before admission)

*Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township) *14-03*

D. STREET ADDRESS (If rural, give location)

*1625 Druid Hill Avenue*

5. SEX

*Male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*Oct. 27, 1898*

9. AGE (In years,  
last birthday)

*53*

10. Under 1 Year 11. Under 24 Hours  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Laborer*

10B. KIND OF BUSINESS OR  
INDUSTRY

*Private*

11. BIRTHPLACE (State or foreign country)

*Thompson, Ga.*

12. CITIZEN OF  
WHAT COUNTRY?  
*U.S.A.*

13. FATHER'S NAME

*Arron Thomas*

14. MOTHER'S MAIDEN NAME

*Mary ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Gertrude Thomas-1625 Druid Hill Ave.*

18. *446 X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Chronic Glomerulonephritis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

*Arteriosclerosis*

DUE TO

(C)

*Hypertension (Essential)*

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-3-* 19*52*, to *9-12-* 19*52*, that I last saw the  
deceased alive on *9-12-* 19*52*, and that death occurred at *7* m., from the causes and on the date stated above.

23A. SIGNATURE

*Gilbert L. Bayler*

M. D.

23B. ADDRESS

*722 H. Fulton Ave*

23C. DATE SIGNED

*9-14-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*(9/16/1952)*

24C. NAME OF CEMETERY OR CREMATORY

*Arbutus Mem. Park*

24D. LOCATION (City, town, or county)

*Baltimore Co., Maryland*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Holland Funeral Home-1631 Druid Hill Ave.*

VS. 150

592099 0 8 5 1 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	



MARGRITTE THOMPSON  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8517

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Margritte Thompson

2. DATE  
OF  
DEATH

9/13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

6. DATE OF BIRTH

7. SEX 8. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10. A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 490x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19. DATE OF OPERATION 20. AUTOPSY?

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

22. I hereby certify that I attended the deceased from 9/9, 1952, to 9/13, 1952, that I last saw the deceased alive on 9/13, 1952, and that death occurred at 5:15 am, from the causes and on the date stated above.

23. SIGNATURE 24. ADDRESS 25. DATE SIGNED

26. BURIAL, CREMATION, REMOVAL (Specify)

27. DATE 28. NAME OF CEMETERY OR CREMATORY 29. LOCATION (City, town, or county) (State)

30. DATE RECEIVED BY LOCAL REGISTRAR 31. REGISTRAR'S SIGNATURE 32. FUNERAL DIRECTOR ADDRESS

33. VS 150

7298A/1303 Prosserman St.

*[Faint, illegible handwritten text covering the majority of the page]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8518  
Registered No.

BIRTH NO. 52-12937

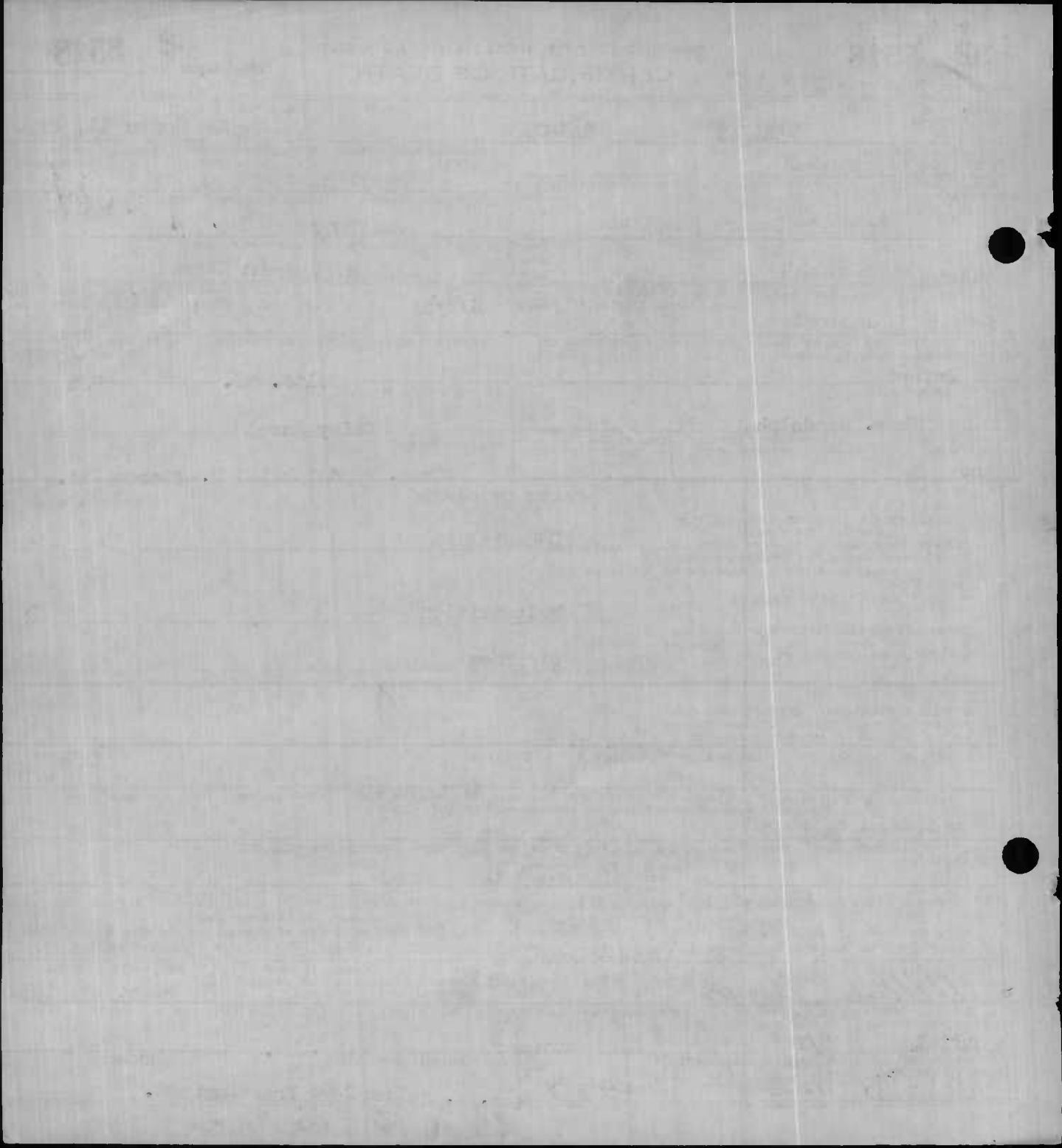
1. NAME OF DECEASED (Type or Print) <b>PEARLINE RANDOLPH</b>			2. DATE OF DEATH <b>September 11, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>323 N. Vincent Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>6/9/52</b>	9. AGE (In years last birthday) <b>3</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>			11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Thos. Randolph</b>			14. MOTHER'S MAIDEN NAME <b>Daisy Dade</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Thos. Randolph</b>			ADDRESS <b>223 N. Vincent St.</b>		

18. <b>571.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Dehydration</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Malnutrition</b> DUE TO		
(C) <b>Diarrhea</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Wood</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Sept. 11, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/15/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>1st Auburn</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <b>Geo. G. Kelson</b> ADDRESS <b>1303 Presstman St.</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8519

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Lloyd Wells, Sr</b>		2. DATE OF DEATH <b>9/12/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Baltimore City</b>	
C. Length of stay in Baltimore <b>69 Yrs</b>		D. STREET ADDRESS (If rural, give location) <b>304E 20th Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1885</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JANITOR</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>HENRY WELLS</b>		14. MOTHER'S MAIDEN NAME <b>HANNAH ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>218-10-1151</b>	
17. INFORMANT <b>ELIZABETH WELLS</b>		ADDRESS <b>304E 20th ST.</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive A-s cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Anterior Myocardial Infarction</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1-23/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Left Inguinal hernia</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5-10</b> , 19 <b>52</b> , to <b>9/12/52</b> , 19 <b>52</b> that I last saw the deceased alive on <b>9/8</b> , 19 <b>52</b> and that death occurred at <b>9:20 AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Leland W. Fleury</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>9/13/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9/16/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>MTAUBURN</b>		24D. LOCATION (City, town, or county) (State) <b>BALTO MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>GEO. G. KELSON</b>		ADDRESS <b>1303</b>	

**770 74 PRESSMAN ST.**

correct age is especially important in systems - please

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8520  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Grayson, Wallace</u>		2. DATE OF DEATH <u>9-11-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Univ. Hoap.</u>		C. CITY OR TOWN (If outside corporate limits, write MIRA and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>7</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2452 Mc Culloch St.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-11-52</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>72</u>
13. FATHER'S NAME <u>Dallas Grayson</u>		11. BIRTHPLACE (State or foreign country) <u>Va.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO. <u>?</u>		14. MOTHER'S MAIDEN NAME <u>Lacy Ellison</u>	
17. INFORMANT <u>Viola D. Johnson</u>		ADDRESS <u>2452</u>	

18. <u>161X</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of larynx with metastasis</u>		
DUE TO (A)		
DUE TO (B)		
DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>arteriosclerosis</u>		

19A. DATE OF OPERATION <u>7-2-52</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of larynx</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>9-1-52</u> to <u>9-11-52</u> that I last saw the deceased alive on <u>9-11-52</u> , and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>William L Heimer</u> M. D.		23B. ADDRESS <u>Univ Hoap</u>		23C. DATE SIGNED <u>9-12-52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>9/16/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus</u>	24D. LOCATION (City, town, or county) (State) <u>Arbutus md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 15 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>W. S. Nelson</u>		ADDRESS <u>1303 Pressman St</u>

1000

STATE OF NEW YORK

DEPARTMENT OF HEALTH

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STATE OF NEW YORK

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

120  
52 8521BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8521

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE ZIPKO

2. DATE  
OF  
DEATH

SEPT. 13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 632 S. Ponca St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE MARYLAND B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 16-01D. STREET ADDRESS (If rural, give location)  
632 S. PONCA ST.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOT KNOWN

9. AGE (in years)

64

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

FACTORY

11. BIRTHPLACE (State or foreign country)

RUSSIAN

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

P. ZIPKO

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-20-8596

17. INFORMANT

ADDRESS

Mrs. Sophia Zidko 632 S. Ponca

18. 186X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Inoperable Hypermephroma Left Kidney

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 15, 1952, to Sept. 13, 1952, that I last saw the deceased alive on Sept. 12, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

An. Dr. Thompson

M. D.

2039 E. Astor Ave.

9-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

SEPT-16-52

HOLY TRINITY RUSSIAN

ELK RIDGE M.D

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Williams, M.D.

John A. Greblianucki 1905 E. Pratt St.

VS 150

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15. 8201

SEPT 13 1940

GEORGE LIPKO

and a family

Max V. Lipko

Box 1, 1000 St.

St. Louis, Mo.

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Registered No. 52 8522

1. NAME OF DECEASED  
(Type or Print)

2. DATE  
OF  
DEATH Sept. 11. 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland Baltimore, Md.  
B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION Clifton Nursing Home  
3502 Clifton Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE Baltimore, Md. B. COUNTY  before admission)

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)  
Baltimore Md. 16-01

D. STREET ADDRESS (If rural, give location)  
2927 Winchester Street

c. Length of stay in Baltimore		60 Yrs.	MOS. Days
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	

8. DATE OF BIRTH  
May 3, 1861

9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
91				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
---	-----------------------------------

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME  
Henry Zimmerman

14. MOTHER'S MAIDEN NAME

Rachel Ruhl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)	

17. INFORMANT	ADDRESS
Bessie Kirk	4820 Colherne Rd.

CERTIFICATION	18. 420.1 I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Occlusion		✓
	ANTECEDENT CAUSES	DUE TO General Arterio		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Due to Sclerosis		✓
	II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL	19A. DATE OF OPERATION ✓ 0		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH ✓		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? T-100	

22. I hereby certify that I attended the deceased from Sept 13, 1952 to Sept 11, 1952, that I last saw the deceased alive on Sept 10, 1952 and that death occurred at 7 P m., from the causes and on the date stated above.

27A. SIGNATURE <i>John L. Crawford</i>	27B. ADDRESS <i>1219 Poplar Lane</i>	27C. DATE SIGNED <i>9/12/52</i>
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Sept. 15, 1952	Stiltz Cemetery	Stiltz Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR	ADDRESS
SEP 15 1952	Huntington Williams, M.D.	Eusworth	Pomacess

VS 150 4600 Liberty Heights Ave.

1954

BRITISH AIR FORCE

DEPARTMENT OF DEFENSE

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8523**

BIRTH NO. **52 8523**

1. NAME OF DECEASED (Type or Print) <b>CORINNE G. WISE</b>			2. DATE OF DEATH <b>September 13, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write R.R., R.M., and give township)		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>3032 W. North Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 31, 1900</b>		9. AGE (In years last birthday) <b>51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>	11. BIRTHPLACE (State or foreign country) <b>Carroll Co., Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Albert Harman</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. Wm. B. Wise, 3032 W. North Avenue</b>		

18. <b>E982X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Multiple Stab Wounds of Abdomen</b> (A) <b>Exsanguination</b> (B) <b>Exsanguination</b> (C) <b>Exsanguination</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3032 W. North Avenue</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 13, '52 11a.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Stabbed by a neighbor who was mental case</b>	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Harrison</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Sept. 15, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-16-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
24D. LOCATION (City, town, or county) (State) <b>Woodlawn Md</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>3207 W. North</b>	

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## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 8524

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby girl Townsend

2. DATE  
OF  
DEATH

Sept 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Towson 4

5355

D. STREET ADDRESS (If rural, give location)

121 Alleghany Ave.

C. Length of stay in Baltimore

2 — Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

Female

W

S

9/12/52

2 Days

2

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Maryland

USA

13. FATHER'S NAME

William S. Townsend

14. MOTHER'S MAIDEN NAME

Mary Green Ensor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Father

121 Alleghany Ave

18. 754.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Congenital Heart disease  
with atresia of  
aorta, and patent  
ductus arteriosus  
and septal defects

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from 9-12, 1952 to 9-14, 1952, that I last saw the  
deceased alive on 9-14, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jesse D. Hubbard

M. D.

Union Memorial Hosp

Sept 14, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 9-16-52

Dread Ridge

Pikesville, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Williams, M.D. Scott Brooks, Sparks, Md.

VS 150

19520208510

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1008 57

RECEIVED  
JAN 10 1964

1008

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8525  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>MISS HELEN ELIZABETH WIEDEFELD</i>		2. DATE OF DEATH <i>SEPT. 15, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>MERCY Hospital</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MERCY Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write Rural and give township) <i>Baltimore - 16.</i>	
D. STREET ADDRESS (If rural, give location) <i>3206 Elgin Ave.</i>			
E. Length of stay in Baltimore <i>69</i> Yrs. Mos. Days			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>DENNY C. WIEDEFELD.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <i>DEBORAH L. BURGAN</i>	

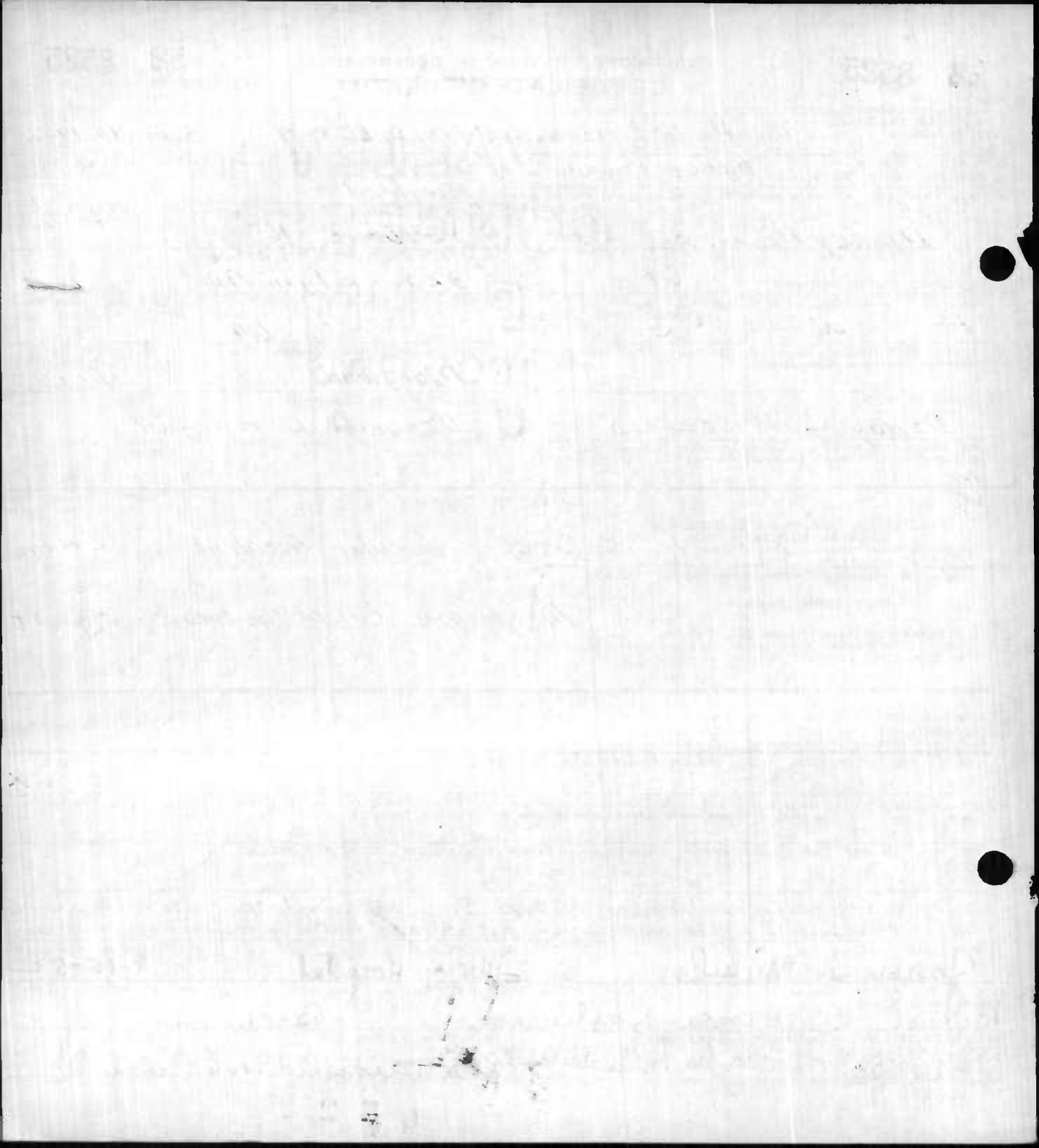
MEDICAL CERTIFICATION

18. <i>170x</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>(A) Cerebro-Vascular Accident</i> DUE TO		<i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) METASTATIC C.A. of the Breast</i> DUE TO		<i>5 years +</i>
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Sept. 4,* 1952, to *Sept. 15,* 1952, that I last saw the deceased alive on *Sept. 15,* 1952, and that death occurred at *4:55 Am.,* from the causes and on the date stated above.

23. SIGNATURE <i>Joseph J. Michels</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>9-15-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Rita Wiedefeld 900 E. Biddle St</i>		





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8526

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY LAMM

2. DATE  
OF  
DEATH

SEPT. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

348 E. 25TH ST.

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

13. FATHER'S NAME

JOHN H. MICHAEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

AUG. 23, 1873

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

MARGUERITE L. STULL

ADDRESS

SAME

18. 442 x 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-  
vascular Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Hemorrhage

(C)

3 mo

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

III.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1951, to 9/14, 1952, that I last saw the  
deceased alive on 9/13, 1952, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Linn

M. D.

23B. ADDRESS

1115 N. Calver St.

23C. DATE SIGNED

9/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-17-1952

24C. NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE

24D. LOCATION (City, town, or county)

ELK RIDGE

(State)

MD.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

Huntington Williams

25. FUNERAL DIRECTOR

JENKINS &amp; SONS Co. 4905 YORK RD

ADDRESS

DR J S. BLUM

115 N. CALVERT

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8527  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>EDGAR LORD BROOKS</b>			2. DATE OF DEATH <b>SEPT. 13, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>327 TUSCANY RD. BALTO. MD.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
D. STREET ADDRESS (If rural, give location) <b>327 TUSCANY RD</b>					
5. SEX <b>MALE</b>			6. COLOR OR RACE <b>WHITE</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>			8. DATE OF BIRTH <b>APRIL 3, 1887</b>		
9. AGE (In years last birthday) <b>65</b>			10. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE MANAGER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>C.C. &amp; S. CO. (Mfgs)</b>		
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>JOHN THOMAS BROOKS</b>			14. MOTHER'S MAIDEN NAME <b>ELLA MADORA LORD</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>213-01-0727</b>		
17. INFORMANT <b>LUCIEN B. BROOKS</b>			ADDRESS <b>705 MURDOCK RD BALTO 12 MD</b>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Maxilla</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 mos</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>With metastasis to neck</b>		<b>8 mos</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>196 X</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 1951</b> , to <b>13 Sept 1952</b> , that I last saw the deceased alive on <b>11 Sept 1952</b> , and that death occurred at <b>10:30 pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Laura L. Korman M.D.</b>		23B. ADDRESS <b>431 E. Lake Ave</b>		23C. DATE SIGNED <b>14 Sept 52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept 17 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>DRUIDRIDGE CEMETERY</b>		24D. LOCATION (City, town, or county) (State) <b>PIKESVILLE MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Henry H. Jenkins</b>		ADDRESS <b>Sons to 4905 York Rd.</b>	

CERTIFICATE OF DEATH

1901

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1901

Dr. L. L. Krown

431 E. Lake Ave

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8528  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Walter Joseph Perry (PERZYNSKI)</u>			2. DATE OF DEATH <u>Sept. 13 1952</u>		
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ma.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ms. General Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>1738 Eastern Ave.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 13 1903</u>	9. AGE (In years last birthday) <u>49</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Ma.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>
13. FATHER'S NAME <u>Paul Perry (PERZYNSKI)</u>			14. MOTHER'S MAIDEN NAME <u>Stella Butler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>216-09-1390</u>	17. INFORMANT ADDRESS <u>Bernadine Perry 1738 Eastern Ave.</u>		

18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) Lymphocytic leukemia  
DUE TO

**ANTECEDENT CAUSES**

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
(C) \_\_\_\_\_

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept. 8, 1952, to Sept. 13, 1952, that I last saw the deceased alive on Sept. 13, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Geo. J. Lin</u>	M. D.	23B. ADDRESS <u>Ms. General Hosp.</u>	23C. DATE SIGNED <u>Sept. 13 52</u>
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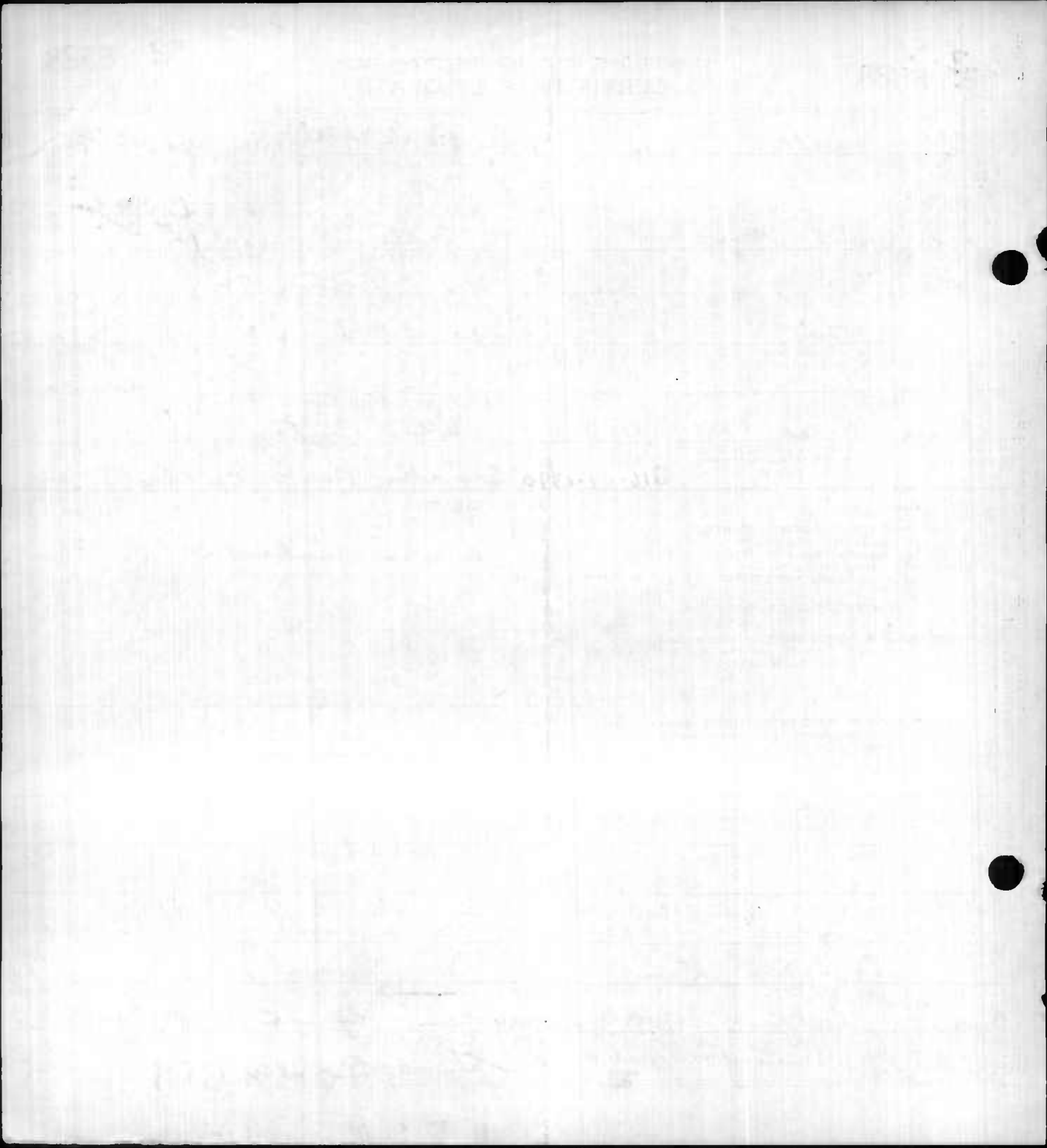
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept. 16-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cem</u>	24D. LOCATION (City, town, or county) (State) <u>German Hill Road</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>George R. Weber, 705 S. Ann St</u>

VS 150

1952029864523

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Josephine Kruszenski</i>			2. DATE OF DEATH <i>Sept. 13, 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Baltimore Co.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write R.A.I. and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>2120 Fleet St.</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 21-1912</i>	9. AGE (In years last birthday) <i>40</i>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Malinski</i>			14. MOTHER'S MAIDEN NAME <i>Angela Witch</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Walter Kruszenski 2120 Fleet St.</i>		

18. <i>593 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) <i>Uremia &amp; cerebral hemorrhage</i> DUE TO <i>malignant hypertension &amp; Nephritis</i> (B) _____ DUE TO <i>Pneumia Cerebral Vascular Accident</i> (C) _____	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *June 1949* to *Sept 1952*, that I last saw the deceased alive on *Sept 13, 1952*, and that death occurred at *8:20 P.M.* from the causes and on the date stated above.

23A. SIGNATURE <i>Michal J. Samochi</i>	M. D.	23B. ADDRESS <i>2711 Carter Ave.</i>	23C. DATE SIGNED <i>Sept. 15, 1952</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>SEPT 17-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>ST. STANISLAUS</i>	24D. LOCATION (City, town, or county) (State) <i>1300 DUNDALK AVE</i>
--	----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Withiams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>George A. Welby 705 S. Anne St</i>
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10A 1000000000 2000000000

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8530  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOHN WALKER**

2. DATE  
OF  
DEATH

**Sept. 13, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**St. Joseph's Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**723 Sterling Avenue**

5. SEX

**male**

6. COLOR OR RACE

**colore**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**July 6, 1933**

9. AGE (In years last birthday)

**19**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Unem. Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**Gen.**

11. BIRTHPLACE (State or foreign country)

**Henderson N. Carolina**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Charles Jones**

14. MOTHER'S MAIDEN NAME

**Minerva Walker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**Minerva Walker 723 Sterling St**

18. **E987x I**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Laceration of left side of neck**

**involving great vessels with exsanguination**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Madison and Aisquith Sts.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**Sept. 13, 1952 12:30 A.m.**

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Sharp instrument**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, **homicide** ☒, undetermined ☐.

23A. SIGNATURE

**William Williams**

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

**Sept. 13, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

24B. DATE

**Sept. 16/52**

24C. NAME OF CEMETERY OR CREMATORY

**Henderson N.C.**

24D. LOCATION (City, town, or county) (State)

**Henderson N.C.**

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 15 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Mrs. R. A. Elliott, Daughter**

ADDRESS

**723 Sterling St**

V S 151

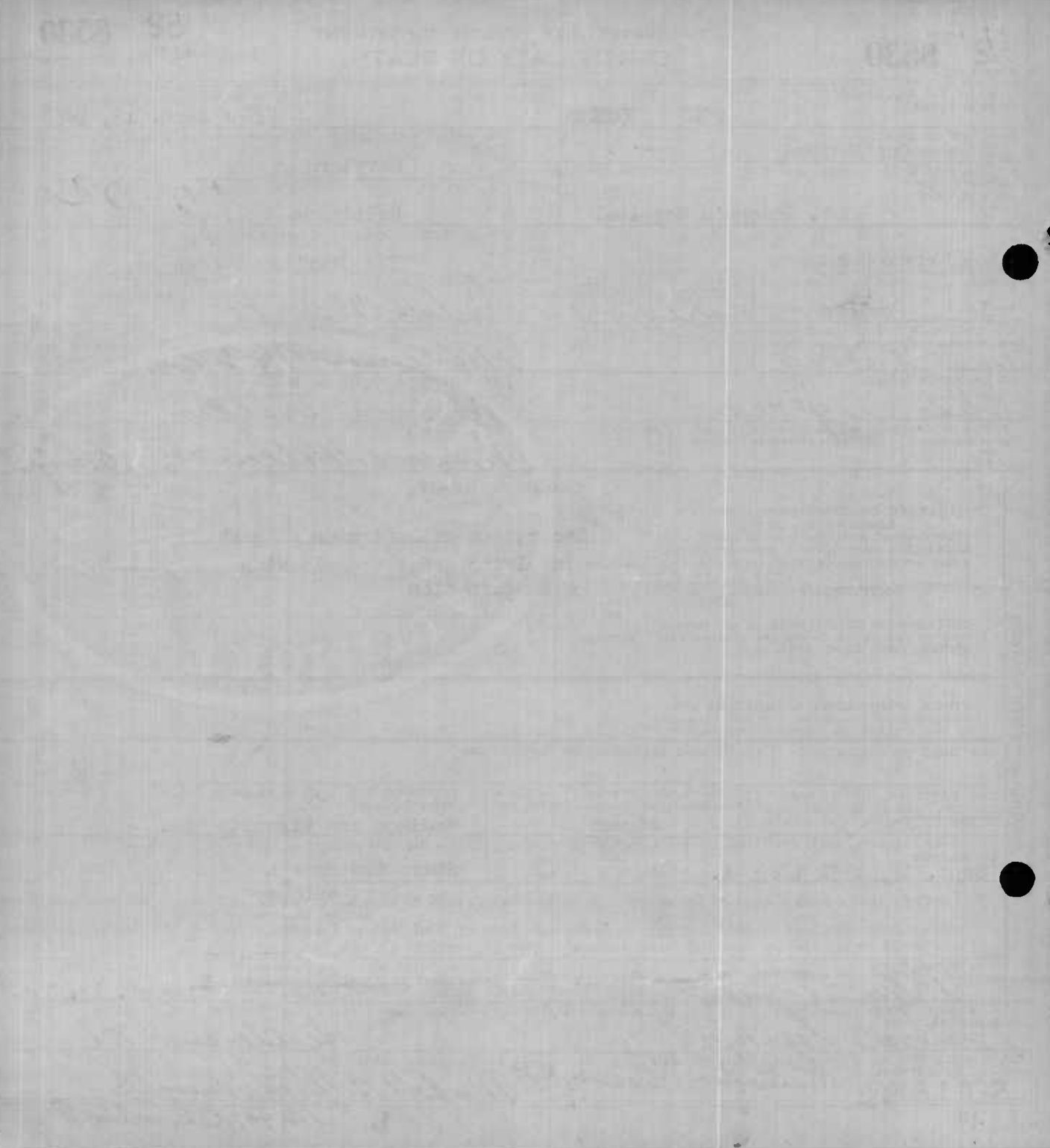
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**975099**

**8512 N. Carolina St**

0023 92

0023 92



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8531**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Furman (FIREMEN) O'BRIEN</b>		2. DATE OF DEATH <b>September 11, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1044 N. Broadway</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	9. AGE (In years last birthday) <b>47</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>In General</b>	
13. FATHER'S NAME <b>Joseph O'Brien</b>		14. MOTHER'S MAIDEN NAME <b>Tiney Williams</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT ADDRESS <b>Brindy O'Brien 1044 N. Broadway</b>	

18. <b>023X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Insufficiency</b> DUE TO <b>Luetic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>(C)</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., ln or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED <b>9/12/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/15/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		
FUNERAL DIRECTOR <i>[Signature]</i>		ADDRESS <i>[Address]</i>		

1 9 5 2 0 9 7 0 8 9 8 5 2 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





425  
52 8532BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8532  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas D'Alessandro Sr. 2. DATE OF DEATH Sept 12-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland Bal to.B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 903 Eastern Ave4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto. 3-02D. STREET ADDRESS (If rural, give location)  
903 Eastern Ave

5. Length of stay in Baltimore 65 yrs.

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 12 1867

9. AGE (In years last birthday) 85

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Ins. Balto. City

10B. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

Joseph D'Alessandro

14. MOTHER'S MAIDEN NAME

Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT ADDRESS  
Mary Cardegna 903 Eastern Ave18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
204.1 I  
Chronic Myelogenous leukemia 6 mosCAUSE OF DEATH  
INTERVAL BETWEEN ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952 to Sept 10, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Anthony F. Lanzetta

M. D.

23B. ADDRESS

5217 YORK Rd

23C. DATE SIGNED

9.13.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Sept 16-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Frederick Rd. Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Dippel Bros.

ADDRESS

1800 E. Lombard St.

CERTIFICATE OF DEATH

MADE BY HEALTH OFFICER

Form

2

1900

11

450  
52 8533

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8533

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Maloney, Mr Neill OSCAR E</b>			2. DATE OF DEATH <b>9-13-52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>CAROLINE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home and Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Denton</b>		
Length of stay in Baltimore <b>no</b>			D. STREET ADDRESS (If rural, give location) <b>Rf D # 2</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 9, 1840</b>	9. AGE (in years last birthday) <b>62</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driving walls</b>			11. BIRTH PLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Robert Maloney</b>			14. MOTHER'S MAIDEN NAME <b>Josephine Beauchamp</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>patient</b>			ADDRESS		

18. <b>434.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <b>Emboly</b> <b>Cerebral Hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Congestive heart failure</b> DUE TO	<b>sev. days</b>
	(C)	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>9-10-52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>no</b>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-9-1952** to **9-13-1952**, that I last saw the deceased alive on **9-13-1952** and that death occurred at **3:15 am.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. **Church Home and Hospital** 23B. ADDRESS **9-13-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>9-16-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Denton</b>	24D. LOCATION (City, town, or county) (State) <b>Denton, Md</b>
---	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Stanton J. J. [Signature]</b>	ADDRESS <b>[Address]</b>
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1952 069024

3 74220

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noted 57 11-12 2000

107.0 100.00 100.00 6 16 100.00

200  
52 8534BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8534

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH F. RICE

2. DATE  
OF  
DEATH

9-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MD. GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

2-02

Length of stay in Baltimore

53

Yrs.

Mths.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BOTTLER

10B. KIND OF BUSINESS OR INDUSTRY

BREWERY

13. FATHER'S NAME

JOHN RICE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

215-01-5359

17. INFORMANT

ADDRESS

CECELIA RICE

319 S. REGENER

18. 444X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) SUPERIOR VENA CAVAL  
OCCLUSION

1 DAY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE DISEASE  
DUE TO POSSIBLE HEPATIC CIRRHOSIS  
(C) PNEUMONITISOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from 9-13, 1952, to 9-14, 1952, that I last saw the deceased alive on 9-14, 1952, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Ag Duckworth M. D.

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

9-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Williams, M.D.

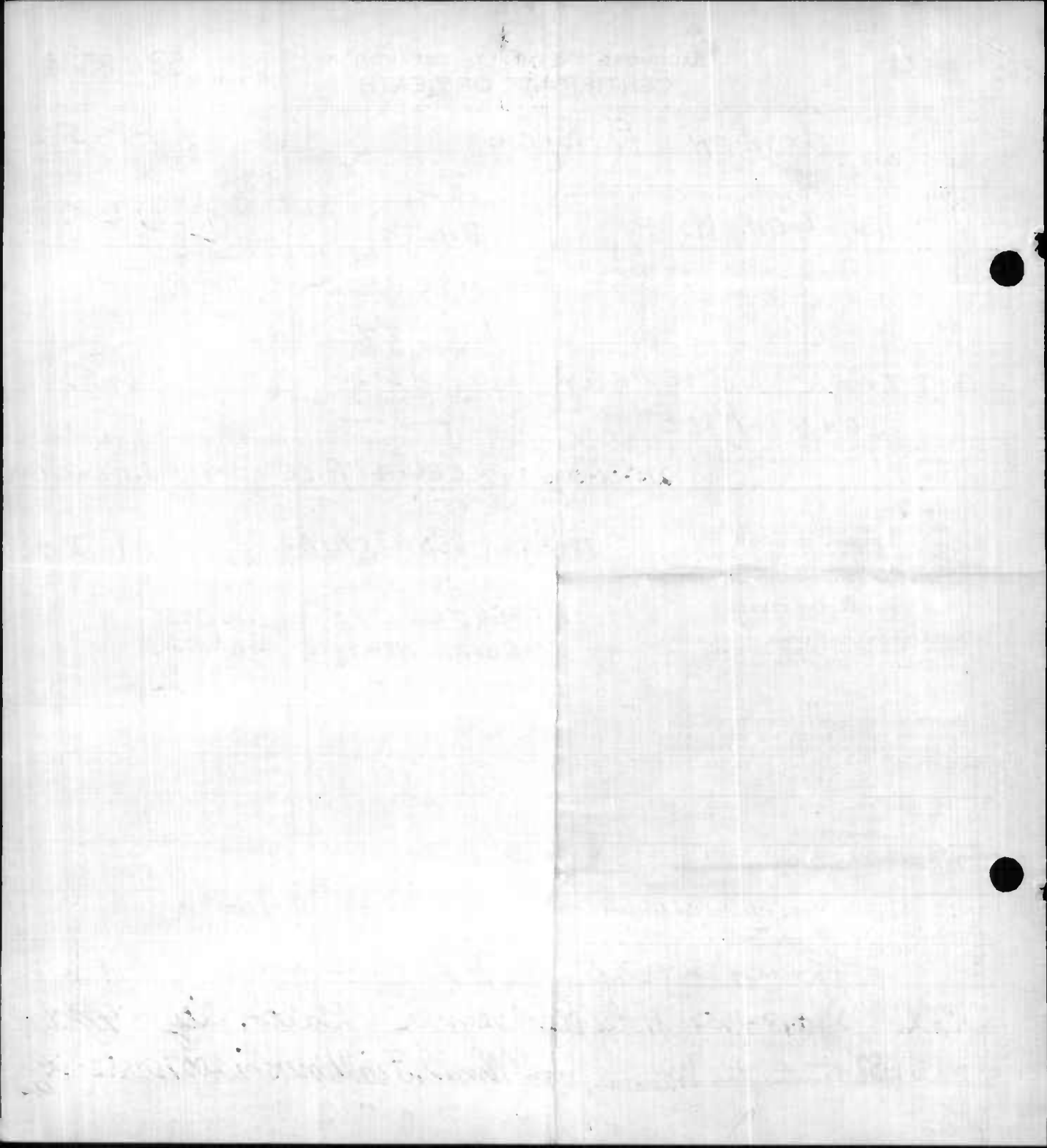
Wm. J. Fialkowski 2007 Eastern

VS 150

956904608529

correct age is especially important. Physicians: please write the cause of death clearly and

correct age is especially important. Physicians: please write the cause of death clearly and





52 525  
8535BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8535

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANDREW ZINKAND

2. DATE  
OF  
DEATH

9-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

MD. GENERAL HOSP.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give  
township)

D. STREET ADDRESS (If rural, give location)

1731 WILKENS AVE #23

Length of stay in Baltimore

76

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

BARKEEPER

10B. KIND OF BUSINESS OR  
INDUSTRY

SALOON

13. FATHER'S NAME

MICHAEL ZINKAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

218-02-2660

17. INFORMANT

ADDRESS

MICHAEL J. ZINKAND 2 S. COLVER

18. 422.1 T 159X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic cardio-  
vascular diseaseINTERVAL BETWEEN  
ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Possible cerebral thrombosis  
Possible malignancy of GI tract

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1952 to 9-14, 1952, that I last saw the  
deceased alive on 9-14, 1952 and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Agg Duckworth

M. D.

Md. General Hosp.

9-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

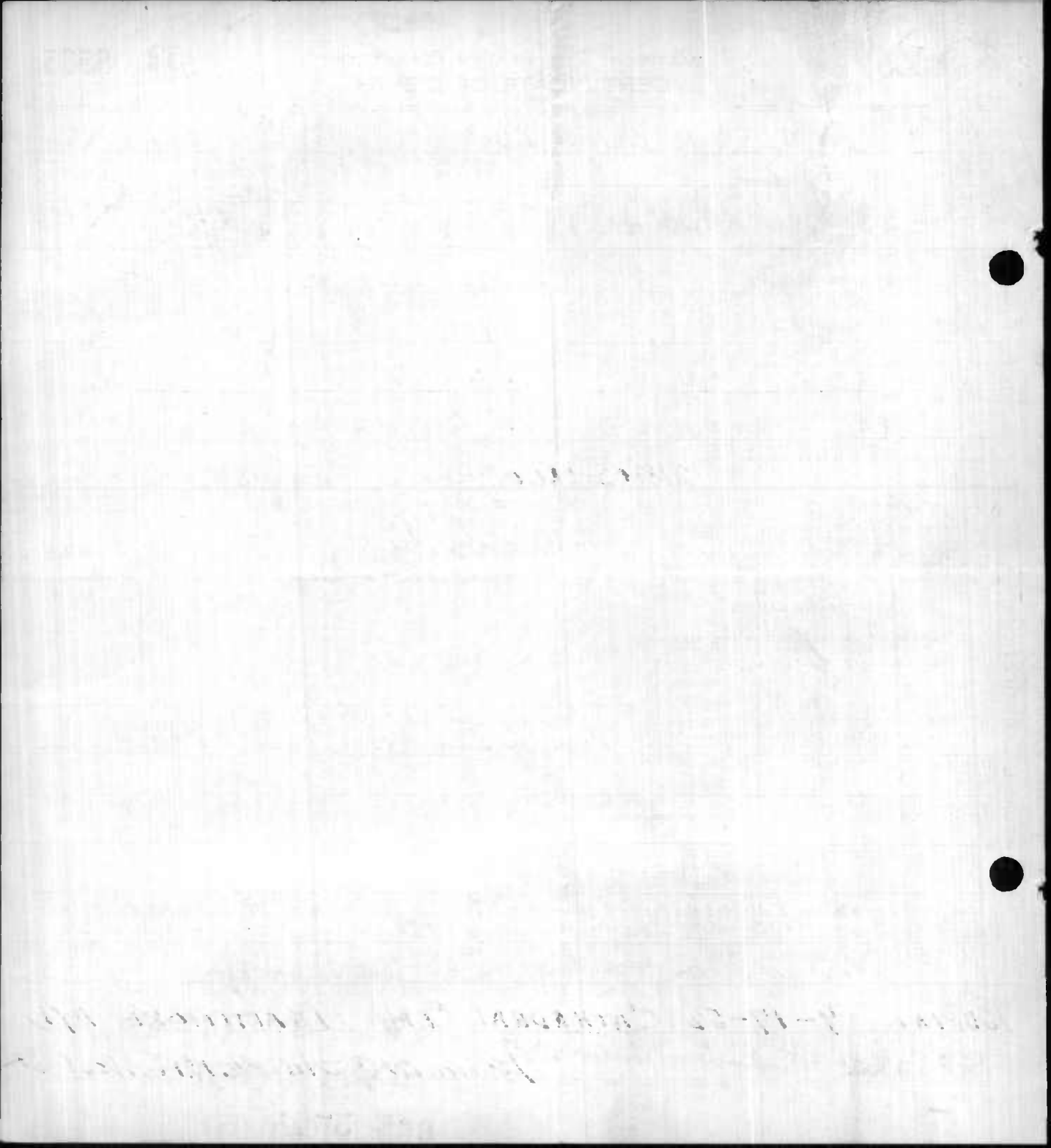
25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Withaus, M.D.

Bernard C. Harle 131 E. West St



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8536

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Maria V. Polsinelli

2. DATE

OF DEATH Sept. 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland S.B. General Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3818 E. Pratt St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 16 1897

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days: 5 27

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Rome Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pietrangelo Di Carlo

14. MOTHER'S MAIDEN NAME

Nicolina Novelli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Dominic Polsinelli 3818 E. Pratt St.18. 420.0 and 260x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Coronary artery occlusion with myocardial infarction

(B) Arteriosclerosis heart disease years

(C) Hypertensive cardio vascular disease years

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-9-1952 to 9-13-1952; that I last saw the deceased alive on 9-13-1952 and that death occurred at 11 p m., from the causes and on the date stated above.

23A. SIGNATURE

W. Wilcoxon

23B. ADDRESS

M. D.

South Baltimore General Hospital

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 17 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

German Hill Rd. Balt. Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

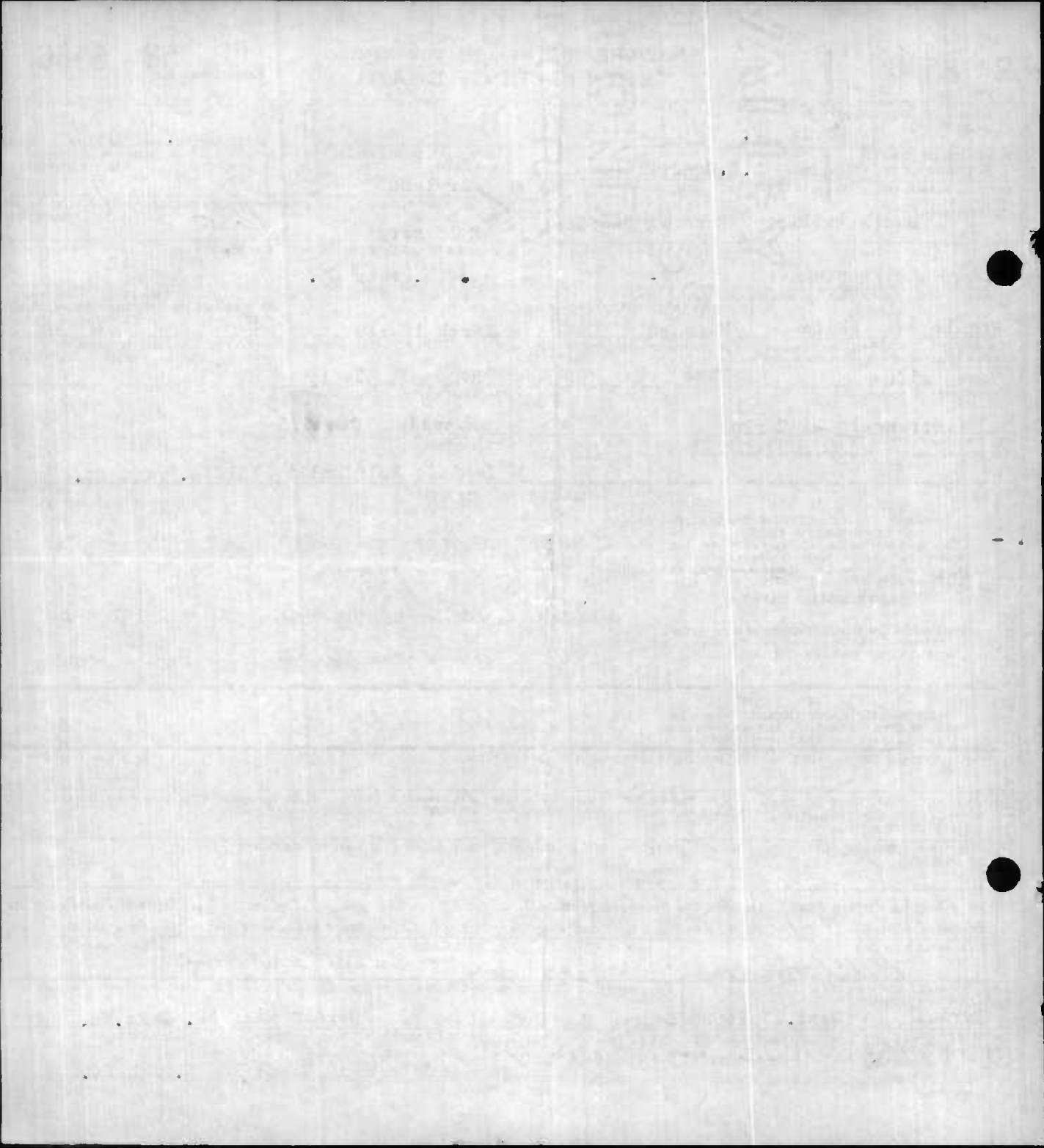
SEP 15 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Noce 322 S. High St.



462  
52 8537BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8537

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lindley Daniel Clark

2. DATE  
OF  
DEATH

Sept-14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5405 Purlington Way

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION  
at Home4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY Balts. CityC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 27-1O. STREET ADDRESS (If rural, give location)  
5405 Purlington Way

Length of stay in Baltimore

2 1/2

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June-26-1862 90

9. AGE (In years last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Cathage, Indiana

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Daniel Clark

14. MOTHER'S MAIDEN NAME

Mary B. Hogg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Thos. W. J. Clark (son)

ADDRESS

Baltimore, Md.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Heart failure

? hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arterio-sclerosis

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial asthma

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946 to 9/14, 1952 that I last saw the deceased alive on 10/15, 1951 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Huntington M. O.

23B. ADDRESS

1114 St. Paul St.

23C. DATE SIGNED

9/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

Sept 15/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Williams, Stewart &amp; Mowen Co., 108 W. North Ave.

VS 150

19520008532

City #1.

MEDICAL CERTIFICATION

correct age is especially important. In all cases, please write the cause of death clearly and legibly.

1000

50

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1000

[Faint, mostly illegible text covering the main body of the document, possibly a letter or report.]



250  
52 8538JASION  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8538

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Josephine Jasion</i>		2. DATE OF DEATH <i>9-14-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.T.I. and give township) <i>Balto.</i>	
C. Length of stay in Baltimore <i>60 days</i>		D. STREET ADDRESS (If rural, give location) <i>2729 Eastern Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>2-17-1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. W.</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>62</i>
13. FATHER'S NAME <i>Joseph Biedrowski</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Rosalie Stawzeska</i>	
17. INFORMANT <i>William Jasion</i>		ADDRESS	

18. <i>204.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Hyperpyrexia</i>	<i>24 hrs.</i>
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Acute myeloid leukemia</i>	<i>6 months.</i>
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-1</i> , 19 <i>52</i> , to <i>9-14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9-14</i> , 19 <i>52</i> , and that death occurred at <i>2:00 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Donald A. Wolfel</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>9-14-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-17-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Spoke J. Deeds Inc 2829 Sudon St</i>	

MEDICAL CERTIFICATION

Correct age is especially important in infant deaths

19520908533



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8539  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Augusta Jankiewicz (JANKIEWICZ)</i>			2. DATE OF DEATH <i>Sept. 12, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Doctors Hospital</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>355 Nicholson Rd. 5354</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 20-1895</i>	9. AGE (In years last birthday) <i>56</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltr. 2nd.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Louis Hannunfelser</i>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>James Jankiewicz</i>			ADDRESS <i>Coast</i>		

18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Starvation &amp; Marasmus</i> DUE TO (B) <i>Cancer of the Lung.</i> DUE TO (C) <i>Pneumonia. Expector</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan</i> 19 <i>52</i> , to <i>Sept</i> 19 <i>52</i> , that I last saw the deceased alive on <i>Sept 11</i> , 19 <i>52</i> , and that death occurred at <i>8:30</i> P.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Mich. Jankiewicz</i>		M. D. <i>2711 Carter Ave.</i>		23C. DATE SIGNED <i>9/12/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-15-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Eastern Blvd. Balt. Co.</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Withiams, M.D.</i>	25. FUNERAL DIRECTOR <i>John S. Connelly</i>	ADDRESS <i>Coast</i>
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DEPARTMENT OF HEALTH  
OFFICE OF DEATH

NEW YORK

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 8540BIRTH NO. 52 85401. NAME OF DECEASED  
(Type or Print)Eugene L. Boone Jr2. DATE  
OF  
DEATH9/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION1567 Abbottston St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

1567 Abbottston St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/7/18819. AGE (In years  
last birthday)71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Motor Installer10B. KIND OF BUSINESS OR  
INDUSTRYGas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Balto, Md.12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm G. Boone

14. MOTHER'S MAIDEN NAME

Anne M. Budd15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, No or unknown)No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Eugene E. Boone Abbottston St.18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of Colon6 mo. +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 1950, to Sept. 12, 1952, that I last saw the  
deceased alive on Sept. 12, 1952 and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm M. Zimmerman

23B. ADDRESS

2858 Harford Rd.

23C. DATE SIGNED

Sept. 15, 5224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

9/16/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Gork Inc. 1217 St. Paul St.

SEP 15 1952

VS 150

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DEATH CERTIFICATE

DEATH CERTIFICATE



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8541**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>REGINA MILLER</b>			2. DATE OF DEATH <b>Sept. 15-52</b> <b>1:00 A.M.</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Little Sisters of the Poor</b>			C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (if rural, give location) <b>1200 Valley St.</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>13 July 1871</b>		9. AGE (In years last birthday) <b>81</b> # Under 1 Year Months: Days # Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Joseph Hock</b>			14. MOTHER'S MAIDEN NAME <b>Catherine ? don't know</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Little Sisters of the Poor</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Chronic Myocarditis</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
ANTECEDENT CAUSES	(B) <b>Bronchial Asthma</b> DUE TO	<b>5 yrs</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <b>Arterio Sclerosis</b> DUE TO	<b>5 yrs</b>

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 13**, 1952, to **Sept 15**, 1952, that I last saw the deceased alive on **Sept 13**, 1952, and that death occurred at **1 A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>E. Gill Hall MD</b>	23B. ADDRESS <b>1631 E. North Ave.</b>	23C. DATE SIGNED <b>Sept 15-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 17/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>
--	---------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. Brackley</b>	ADDRESS <b>9004 Chester St</b>
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STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
ALBANY, N. Y.

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52 8542

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8542

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Eva Virginia Keim

2. DATE  
OF  
DEATH 9-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2221 Homewood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2221 Homewood Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1864

9. AGE (In years  
last birthday)

87

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

(?)

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. Patrick Keim 2221 Homewood Ave

## CAUSE OF DEATH

18. 422.1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocarditis - Chronic

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1950, to Sept 15, 1952 that I last saw the  
deceased alive on Sept 15, 1952, and that death occurred at 1205 m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence C. Tosh M.D.

23B. ADDRESS

6805 York Rd

23C. DATE SIGNED

Sept 15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-18-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Fairmont, West Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD & SONS  
GREENMOUNT AVE & 22ND

5129 SF

5129 SF



220

52 8543

CERTIFICATE CORRECTED 9-19-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 8543  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James William Cusick Jr.

2. DATE  
OF  
DEATH

9/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. Length of stay in Baltimore

2 days

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Cusick

William James Cusick Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

214-07-9943

8. DATE OF BIRTH

Mar. 25, 1890

9. AGE (In years  
last birthday)

62 63

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Cambridge, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Helen J. Vane

17. INFORMANT

ADDRESS

Earl Cusick, 5 Elmont St. Balto. 5, Md.

18. 540.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bleeding Gastric Ulcer

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/14/52

19B. MAJOR FINDINGS OF OPERATION

Ulcer, Gastric TI

20. AUTOBIO?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1952 to 9/15, 1952 that I last saw the  
deceased alive on 9/15, 1952 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

David S. R. Tardad M.D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

9/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/18/52

24C. NAME OF CEMETERY OR CREMATORY

DORCHESTER MEM. PARK

24D. LOCATION (City, town, or county)

CAMBRIDGE, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

KENNETH R. THOMAS, CAMBRIDGE, MD.

51024 0530

MEDICAL CERTIFICATION

correct age is especially important. In instance, please state the date of birth.

1918

OFFICE OF THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.

1918

1

1

1



52 8544

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8544

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jerome Ward

2. DATE  
OF  
DEATH

9-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)

South Baltimore Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

BALTIMORE

22-01

D. STREET ADDRESS (If rural, give location)

120 WARREN AVE

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/24/193

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MACHINE ADJUSTER

10B. KIND OF BUSINESS OR  
INDUSTRY

KOPPERS CO.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN WARD

PITTSBURGH (A)

14. MOTHER'S MAIDEN NAME

CATHERINE CLINTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

212-01-9794

17. INFORMANT

ADDRESS

VERNON J. WARD 120 WARREN AVE

18. E974X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Asphyxia due to

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hanging

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....

9-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

9/17/52

CEDAR HILL

RITCHIE HWY.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC 715 LIGHT ST

VS 151

N 991 X

E 5543L

L 730

correct age is especially important. Physicians: please write the causes of death clearly and legibly

MEDICAL CERTIFICATION

1938 31

STATE OF OHIO

1938 31

1938 31

1938 31

1938 31

1938 31

1938 31

1938 31

1938 31

1938 31

1938 31

400

52 8545

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8545

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KELLY THURMAN

2. DATE  
OF  
DEATH

9/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/26/1902

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN W. KELLY

14. MOTHER'S MAIDEN NAME

ADELAIDE ROLAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS EVANGELINE KELLY 1045 HAMBURG ST.

18. 162 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bencholema Carcinoma

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1952, to 9-14, 1952, that I last saw the  
deceased alive on 9-14, 1952, and that death occurred at 9:55 pm, from the causes and on the date stated above.

23A. SIGNATURE

Bernard Malchin

M. D.

23B. ADDRESS

Sinai Hospital of Baltimore

23C. DATE SIGNED

9-15-52.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/18/52

24C. NAME OF CEMETERY OR CREMATORY

WESTERN

24D. LOCATION (City, town, or county)

EDMONDSON AVE.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGAT ST

SEP 16 1952

VS 150

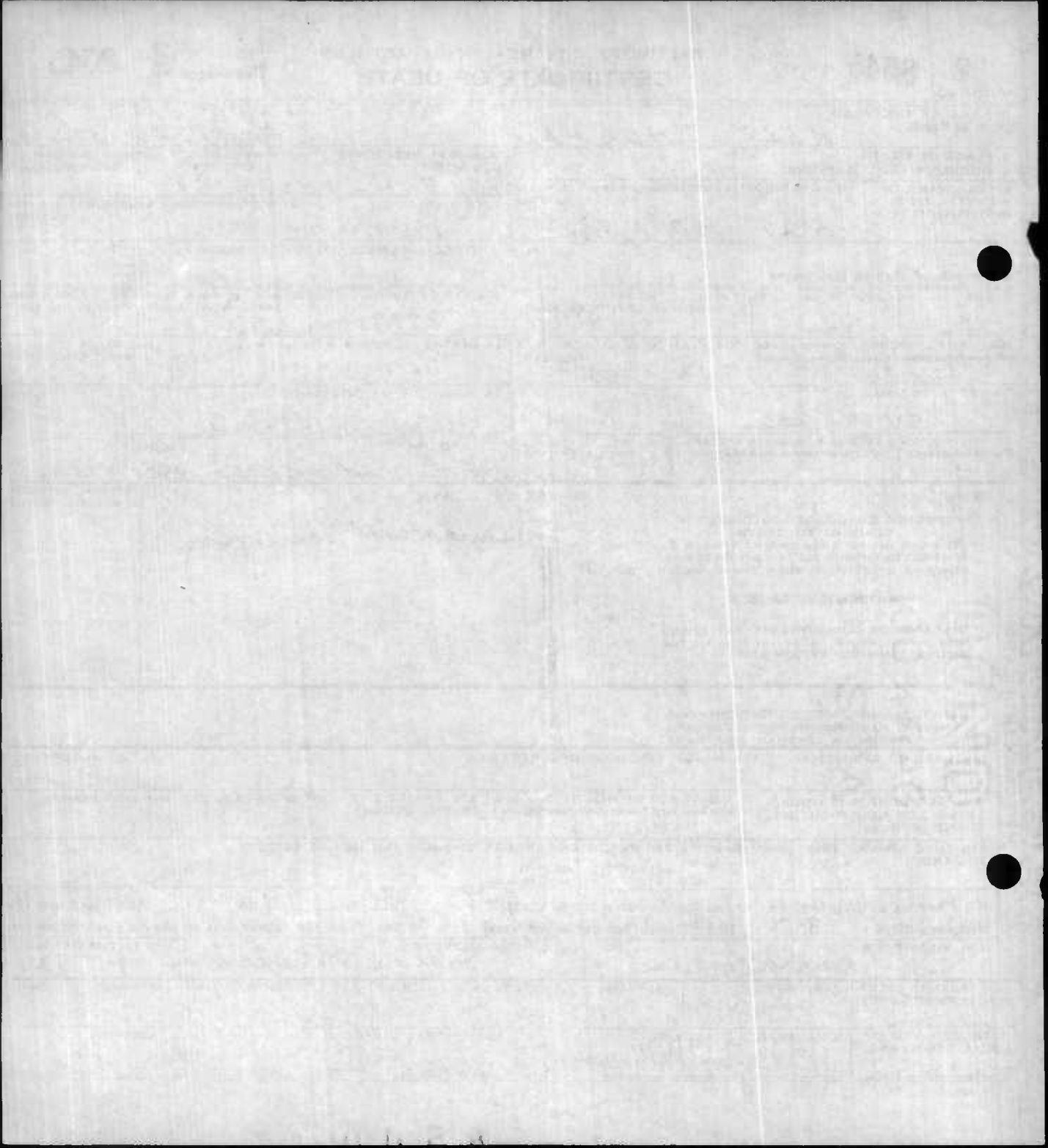
-30

MEDICAL CERTIFICATION

correct age is especially important. Inquiries: please print the causes of death.

97050

8540



130

52 8546

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8546

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ford, Anna

2. DATE  
OF  
DEATH

September 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

12/10/1890

9. AGE (in years last birthday)

61

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH CORKREY

14. MOTHER'S MAIDEN NAME

— QUINN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. BERNADETTE ROBINSON 1730 WEBSTER ST.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

XXXX

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive heart failure

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis of liver; Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1952, to Sept. 15, 1952 that I last saw the deceased alive on Sept. 15, 1952, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Farnes

23B. ADDRESS

M. D.

1100 N. Caroline Street

23C. DATE SIGNED

Sept. 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9/18/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

RITCHIE HWY

DATE RECEIVED BY LOCAL REGISTRAR

SEP 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 LIGHT ST

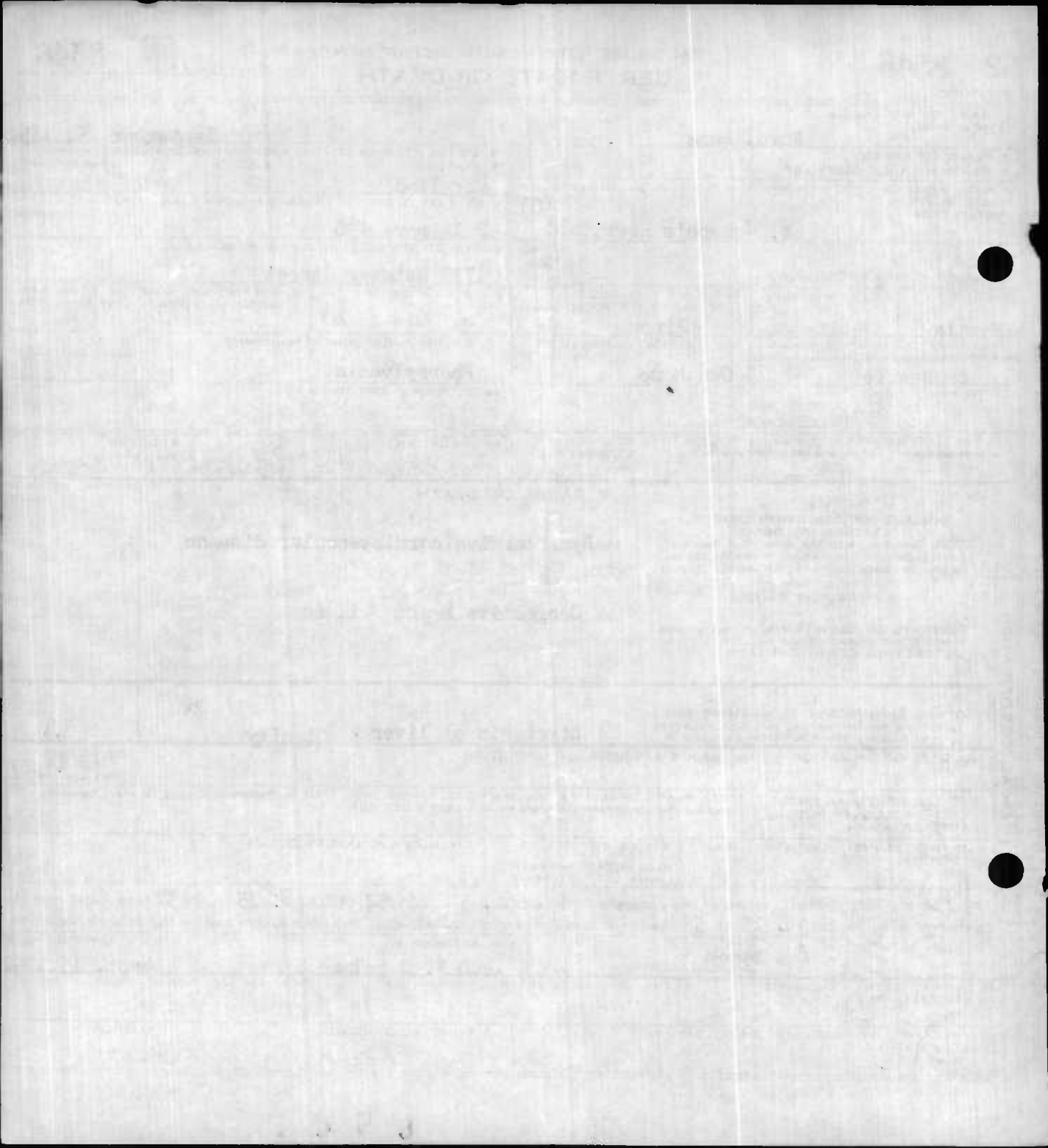
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19520208541

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





AB-162969

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8547

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Dubose

2. DATE  
OF  
DEATH

Sept. 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3108 Leeds zone 29

c. Length of stay in Baltimore

3yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

?

9. AGE (In years  
last birthday)

60?

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR  
INDUSTRY

BLDG.

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Dubose

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.18. 204.1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Anemia-Etiology unknown

INTERVAL BETWEEN  
ONSET AND DEATH

?

ANTECEDENT CAUSES

Myeloma suspected

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) .....  
DUE TO  
(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK22. I hereby certify that I attended the deceased from 9-10-1952, to 9-13-1952, that I last saw the  
deceased alive on 9-13-1952, and that death occurred at 6.50PM., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Dubose, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave.  
Baltimore, Maryland

23C. DATE SIGNED

9-14-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24E. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Charles R. Law, 802 Mad. Ave.

VS 150

Huntington Williams, M.D.

Charles R. Law, 802 Mad. Ave.

7478 57

INSTITUTE OF LINGUISTICS

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CHART OF DEPT. OF LINGUISTICS

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52 8548

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8548

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Paul E. Benjamin

2. DATE  
OF  
DEATH

9-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore, Md. 27-20

D. STREET ADDRESS (If rural, give location)

3919 Clarintha Rd. #15

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

37

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Attorney

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry Benjamin

14. MOTHER'S M maiden NAME

Frederic

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

YES

II

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jessie Benjamin - 3919 Clarintha Rd.

18. 204.2

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Subacute monocytic leukemia

13 min.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1952, to 9-15, 1952, that I last saw the  
deceased alive on 9-15, 1952, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Wadell

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-15-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/16/1952

24C. NAME OF CEMETERY OR CREMATORY

Balt. Hebrew

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D. Frank Lewis Inc. - 2100 Eutan PL.

38 8212

REPORT OF DEATH  
CERTIFICATE OF DEATH

38 8212

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

653  
52 8549BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8549  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna E Bryant</i>		2. DATE OF DEATH <i>Sept 14-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>13-06</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2327 N Charles St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>846 N 34th St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec 13 79</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>72</i>
11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Ira Orem</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Vincent A Edmonston</i>		ADDRESS <i>Overbrook</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Dis</i> INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 8</i> , 19 <i>52</i> , to <i>Sept 14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Sept 14</i> , 19 <i>52</i> , and that death occurred at <i>1140</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W P Johnson</i>		23B. ADDRESS <i>403 Med Park Bldg</i>	
23C. DATE SIGNED <i>9-15-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 17-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St Marys (Hampden)</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Frank J. Seitz</i>		ADDRESS <i>874 N 36th St</i>	

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

REPORT OF THE

COMMISSIONER OF PLANT INDUSTRY  
FOR THE YEAR 1907

BY  
J. H. COOPER, CHIEF OF BUREAU



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8550

Registered No.

52 8550

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES A. HAMMOND

2. DATE  
OF  
DEATH

SEPT. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1910 OAK HILL AVE

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

9-08

D. STREET ADDRESS (If rural, give location)

1910 OAK HILL AVE

E. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 5, 1890

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE W. HAMMOND

14. MOTHER'S MAIDEN NAME

BELLE E. PRICE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

212-03-0795

17. INFORMANT

ADDRESS

CHARLES A. HAMMOND 1354 STONEWOOD RD

18. 203X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Multiple Myeloma  
DUE TO

2 1/4 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) None  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept. 13, 1952, that I last saw the  
deceased alive on Sept. 12, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Jenkins &amp; Sons Co.

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

9/13/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-16-1952

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN

24D. LOCATION (City, town, or county)

WOODLAWN

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTER

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS &amp; SONS CO. 4905 YORK RD.

DR W<sup>M</sup> SPEED  
11 E. CHASE

52 8551

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8551

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSIE BOYD

2. DATE  
OF  
DEATH

Sept. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

152 W. Hamburg St.

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/15/1921

9. AGE (In years  
last birthday)

30

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR  
INDUSTRY

Fuller Brush Co.

11. BIRTHPLACE (State or foreign country)

Chester, S.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Boyd

14. MOTHER'S MAIDEN NAME

Bessie Archie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sallie Gray- 152 W. Hamburg St.

18. 330X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Subarachnoid hemorrhage  
DUE TO rupture of aneurysm of circle of Willis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☐

Sept. 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

9-19-52

24C. NAME OF CEMETERY OR CREMATORY

Chester

24D. LOCATION (City, town, or county)

South Carolina

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

VS 151

549866 8510

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wain  
Bennys  
Curtis

Friday  
1 pm

330  
AB-162843

52 8552

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8552

1. NAME OF DECEASED (Type or Print) <b>Rosa Pettit</b>		2. DATE OF DEATH <b>Sept. 14-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospital 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-02</b>	
c. Length of stay in Baltimore <b>9days?</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2904 Grindon Ave. zone 14</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 22, 1873</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Wetzel</b>		14. MOTHER'S MAIDEN NAME <b>Eliz Winegore</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>Homer Pettit</b>		ADDRESS: <b>2904 Grindon Ave</b>	
18. <b>E903.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>TRACTURE NECK OF RIGHT FEMUR.</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH		CAUSE OF DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		CERTIFICATION APPROVED BY <b>[Signature]</b> M.D. CHIEF OR ASST. MEDICAL EXAMINER.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>9-10-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Smith Peterson nailing of right femur</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21C. WHERE DID INJURY OCCUR? <b>2904 Grindon Ave. zone 14</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9-6-1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <b>Fell on floor</b>			
22. I hereby certify that I attended the deceased from <b>9-6</b> , 19 <b>52</b> , to <b>9-14</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-14</b> , 19 <b>52</b> , and that death occurred at <b>11.10PM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>	
23C. DATE SIGNED <b>9-15-1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>9/17/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Cherry Run</b>		24D. LOCATION (City, town, or county) (State) <b>Charrisonburg Va</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Mildred T. Blight</b>		ADDRESS <b>6009 Hayford Rd</b>	
VS 150 <b>N820.0</b> To be approved by the Medical Examiner			

CERTIFICATE OF DEATH

Form No. 1

10-10-1918

10-10-1918



624

52 8553

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8553  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Margaret A (Magrie) Marshall</b>			2. DATE OF DEATH <b>9-14-52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> B. <b>Balto</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1824 Eastern Avenue</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md. 2-02</b>		
7. Length of stay in Baltimore <b>Life</b>			8. STREET ADDRESS (If rural, give location) <b>1824 Eastern Avenue</b>		
9. SEX <b>F</b>	10. COLOR OR RACE <b>W</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	12. DATE OF BIRTH <b>4-3-72</b>		13. AGE (in years last birthday) Months Days <b>80 yrs</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		16. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
17. FATHER'S NAME <b>Michael Hanratty</b>			18. MOTHER'S MAIDEN NAME <b>Mary ?</b>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(Yes, no or unknown)</b>		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS <b>Mary Adams 1824 Eastern Avenue</b>	

16. <b>422.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) <b>Myocardial Insufficiency</b> DUE TO		<b>1 wk.</b>
(B) <b>Chronic Myocarditis</b> DUE TO		<b>8 yrs.</b>
(C) <b>Obesity</b> DUE TO		<b>20 yrs.</b>
17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 2, 1950** to **Sept. 14, 1952**, that I last saw the deceased alive on **Sept. 12, 1952**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John V. Sezerich</b>	23B. ADDRESS <b>1802 Eastern Ave</b>	23C. DATE SIGNED <b>9-15-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-17-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 16 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Lilly &amp; Zeiler, Inc. 403 S. Wolfe Str. Balto. 31, Md.</b>	ADDRESS
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8222

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THE UNIVERSITY OF CHICAGO

CHICAGO, ILL.

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# CERTIFICATE CORRECTED 9-18-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8554 Registered No. 52 8554

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Kate Louise Galvin</i>		2. DATE OF DEATH <i>13 Sept 1952</i> <i>9 a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>	
c. Length of stay in Baltimore <i>2 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>16 June 1877</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>75</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
13. FATHER'S NAME <i>Thomas Cavanagh</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Kate Manton</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Little Sisters of the Poor</i> ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO <i>Chronic Myocarditis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO <i>Arterio Sclerosis</i>	<i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 1 -*, 1952 to *Sept 13 -*, 1952, that I last saw the deceased alive on *Sept 7 -*, 1952, and that death occurred at *7 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall M.D.</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>Sept 13-52</i>
---------------------------------------	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 17, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 16 1952</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Beta Wiedefeld</i> ADDRESS <i>906 Biddle St</i>
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9520008549

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DATE

PLACE

NAME

SEX  
AGE  
MARITAL STATUS  
OCCUPATION  
EDUCATION  
RELIGION  
RACE  
ETHNICITY  
BIRTH DATE  
BIRTH PLACE  
BIRTH COUNTRY  
BIRTH STATE  
BIRTH COUNTY  
BIRTH CITY  
BIRTH TOWN  
BIRTH VILLAGE  
BIRTH CENSUS TRACT  
BIRTH BLOCK  
BIRTH HOUSE NUMBER  
BIRTH STREET  
BIRTH AVENUE  
BIRTH BOULEVARD  
BIRTH PARKWAY  
BIRTH DRIVE  
BIRTH LANE  
BIRTH ROAD  
BIRTH HIGHWAY  
BIRTH BRIDGE  
BIRTH TUNNEL  
BIRTH UNDERPASS  
BIRTH OVERPASS  
BIRTH JUNCTION  
BIRTH INTERSECTION  
BIRTH RAMP  
BIRTH ON-RAMP  
BIRTH OFF-RAMP  
BIRTH EXIT  
BIRTH ENTRANCE  
BIRTH GATE  
BIRTH FENCE  
BIRTH WALL  
BIRTH CURB  
BIRTH SIDEWALK  
BIRTH DRIVEWAY  
BIRTH PORCH  
BIRTH PATIO  
BIRTH TERRACE  
BIRTH BALCONY  
BIRTH DECK  
BIRTH STAIRS  
BIRTH ELEVATOR  
BIRTH ESCALATOR  
BIRTH LIFT  
BIRTH RAMP  
BIRTH STAIRS  
BIRTH ELEVATOR  
BIRTH ESCALATOR  
BIRTH LIFT  
BIRTH RAMP

200  
52 8555BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8555  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELVIN ASHE</b>		2. DATE OF DEATH <b>9-14-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>550. WILSON. ST.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 14-02</b>	
C. Length of stay in Baltimore <b>3</b>		D. STREET ADDRESS (If rural, give location) <b>550. WILSON. ST</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>COL</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1/19/82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>R. R.</b>	9. AGE (In years last birthday) <b>70.</b>
11. BIRTHPLACE (State or foreign country) <b>N. C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>JAMES ASHE. ?</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>LACIE ASHE. WILSON</b>		ADDRESS <b>550. ST.</b>	

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Myocardial Degeneration</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Hypertensive Cardio Vascular</b> DUE TO <b>Ischem</b> (C)	INTERVAL BETWEEN ONSET AND DEATH <b>1 m 08</b> <b>6 m 08</b>
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II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-12**, 19**52**, to **9-14**, 19**52**, that I last saw the deceased alive on **9-14**, 19**52**, and that death occurred at **8:00 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Franklin Phillips</b>	23B. ADDRESS <b>558 m. m. m. st</b>	23C. DATE SIGNED <b>9/16/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>SHIPPED</b>	24B. DATE <b>9-17-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM</b>	24D. LOCATION (City, town, or county) (State) <b>NORFOLK. VIRGINIA</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>	
25. FUNERAL DIRECTOR <b>WILLIAM A JACKSON</b>		ADDRESS <b>916 PENNA AVE.</b>	

CONTINUED FROM PAGE 54

1877

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360  
52 8556BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8556  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ISAAC WAYO MOTTER</b>		2. DATE OF DEATH <b>9/15/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTO MD</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>1905 E 31 ST</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1905 E 31 ST. ST. RITE</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO MD 9-06</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>MAR 12, 1889</b>	9. AGE (In years last birthday) <b>63</b>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONTRACTOR</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>BRICKMASON</b>		11. BIRTHPLACE (State or foreign country) <b>FREDRICK CO MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>WILLIAM MOTTER</b>		16. SOCIAL SECURITY NO. <b>25-50-3880</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>25-50-3880</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>25-50-3880</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>25-50-3880</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

18. <b>177X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Carcinoma of Prostate</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C) 	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb.**, 1952 to **Sept.**, 1952, that I last saw the deceased alive on **Sept. 15, 1952**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.23A. SIGNATURE **Lois M. Zimmerman** M.D. 23B. ADDRESS **2054 Harford Rd** 23C. DATE SIGNED **Sept. 16, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>9/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MORLAND MEMORIAL</b>	24D. LOCATION (City, town, or county) (State) <b>TAYLOR AVE</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>6 1352</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>CHAS P. TOWELL</b>	ADDRESS <b>6411 WINDSOR MILL RD</b>

Dr. Zimmerman  
2858 HARford RD  
BE 3387

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52-8557BIRTH NO. 52-85571. NAME OF DECEASED  
(Type or Print)

William M. O'Brien,

2. DATE  
OF  
DEATH

Sept. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3529 Oakmont Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore,

D. STREET ADDRESS (If rural, give location)

3529 Oakmont Ave.,

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Dec. 22, 1882

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

(Rt) Postal Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

U. S. Post Office

11. BIRTHPLACE (State or foreign country)

Westminister, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John O'Brien,

14. MOTHER'S MAIDEN NAME

Barbara Strohaver,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

219-01-3969

17. INFORMANT

ADDRESS

Mrs. Mary R. Langmead, 3529 Oakmont Ave.,

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

1 day

DUE TO

Arteriosclerotic disease

4 weeks

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUTION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK22. I hereby certify that I attended the deceased from May 2, 1952, to Sept. 13, 1952 that I last saw the  
deceased alive on Sept. 13, 1952, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

M. D.

23B. ADDRESS

4818 Reisterstown Road.

23C. DATE SIGNED

Sept. 15 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

Sept. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Vernon Lemmon

ADDRESS

4611 Park Heights Ave.

STATE OF TEXAS  
COUNTY OF DALLAS

Know all men by these presents, that \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ was born on \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_ City, State of \_\_\_\_\_ and died on \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_ City, State of \_\_\_\_\_ and was buried in \_\_\_\_\_ Cemetery, \_\_\_\_\_ City, State of \_\_\_\_\_ and was \_\_\_\_\_ years of age at the time of his death.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
County Clerk

535  
52 8558BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

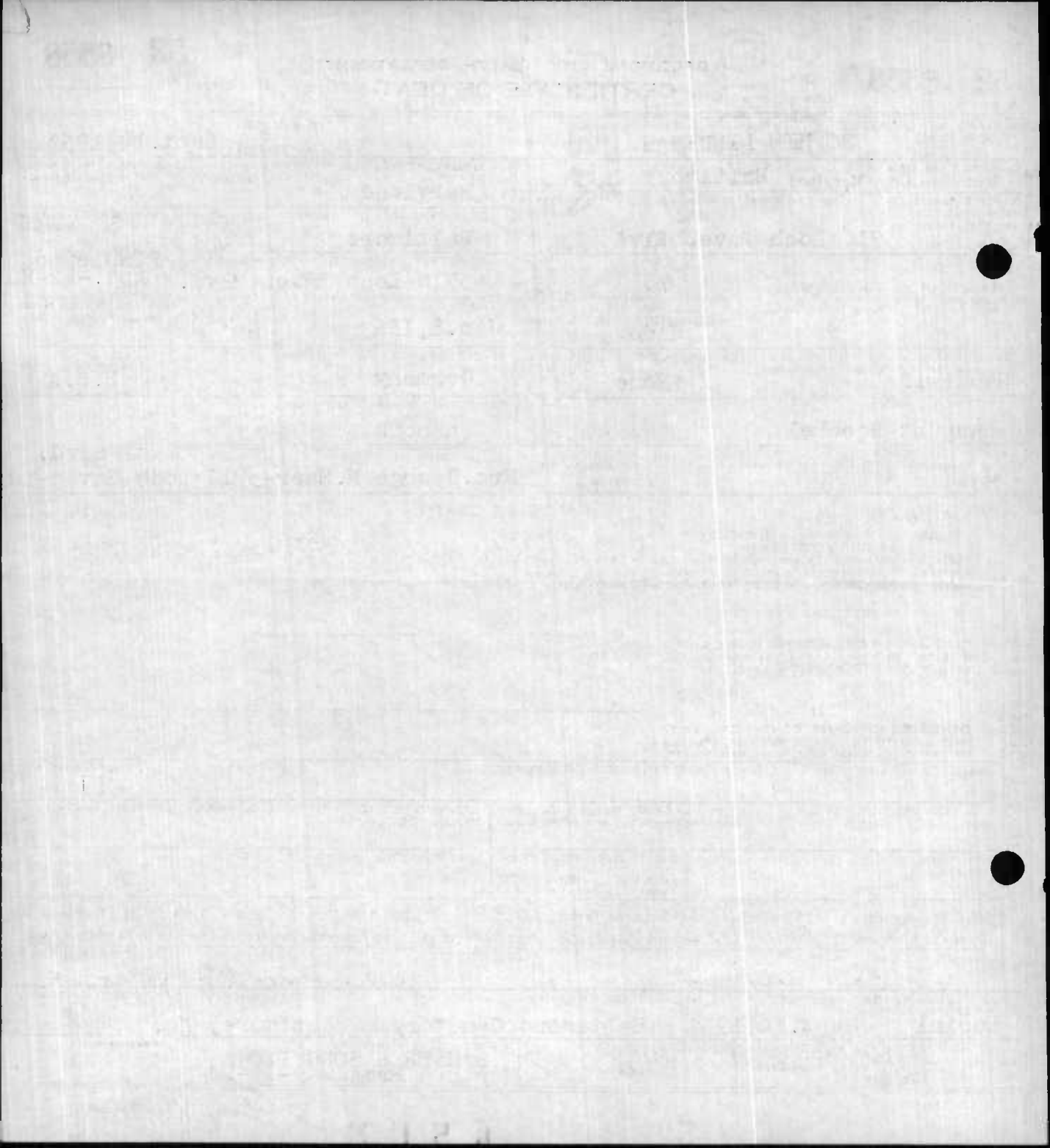
52 8558

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SOPHIE LINDEMAN</b>		2. DATE OF DEATH <b>Sept. 14, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Baltimore City</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b> <b>5710 Loch Raven Blvd</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-38</b>	
c. Length of stay in Baltimore <b>73</b>		D. STREET ADDRESS (If rural, give location) <b>Ramblewood Apt.-12-Md</b> <b>5710 Loch Raven Blvd.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 8, 1863</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (in years last birthday) <b>89</b> 11 Under 1 Year Months: Days Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>August Boeckel</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. George W. Eser-5710 Loch Raven-12</b>		ADDRESS <b>Blvd.</b>	
18. <b>450.0</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>General arteriosclerosis</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>Years 3</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO II			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov 27, 1952</b> , to <b>Sept. 14, 1952</b> , that I last saw the deceased alive on <b>Sept. 13, 1952</b> , and that death occurred at <b>7 A. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Wm. J. Sander</b>		23B. ADDRESS <b>701 N. Kenwood Ave.</b>	
23C. DATE SIGNED <b>Sept. 15, 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 16, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>H. SANDER &amp; SONS, INC</b>		25. FUNERAL DIRECTOR <b>North &amp; Broadway-13-Md</b>	

Seay, J. Sander





630  
52 8559BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8559

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ford, Charles H.

2. DATE  
OF  
DEATH

Sept 15-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Fayette &amp; Calhoun St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

27-19

D. STREET ADDRESS (If rural, give location)

5802 Highgate Drive

C. Length of stay in Baltimore

61 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 22-1890

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR  
INDUSTRY

Shirt Factory

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William D. Ford

14. MOTHER'S MAIDEN NAME

Magdalena Dasch

15. WAS DECEASED EVER IN U. S. ARMED SERVICE?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

215-01-2738

17. INFORMANT

ADDRESS

Maddella Ford 5802 Highgate Drive

## CAUSE OF DEATH

18. 331X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral Hemorrhage  
General arteriosclerosisINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/1952 to 9/15/1952, that I last saw the  
deceased alive on 9/15/1952, and that death occurred 7:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Amado E. Pastor

23B. ADDRESS

M. D. Fayette and Calhoun St

23C. DATE SIGNED

9/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 17-52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

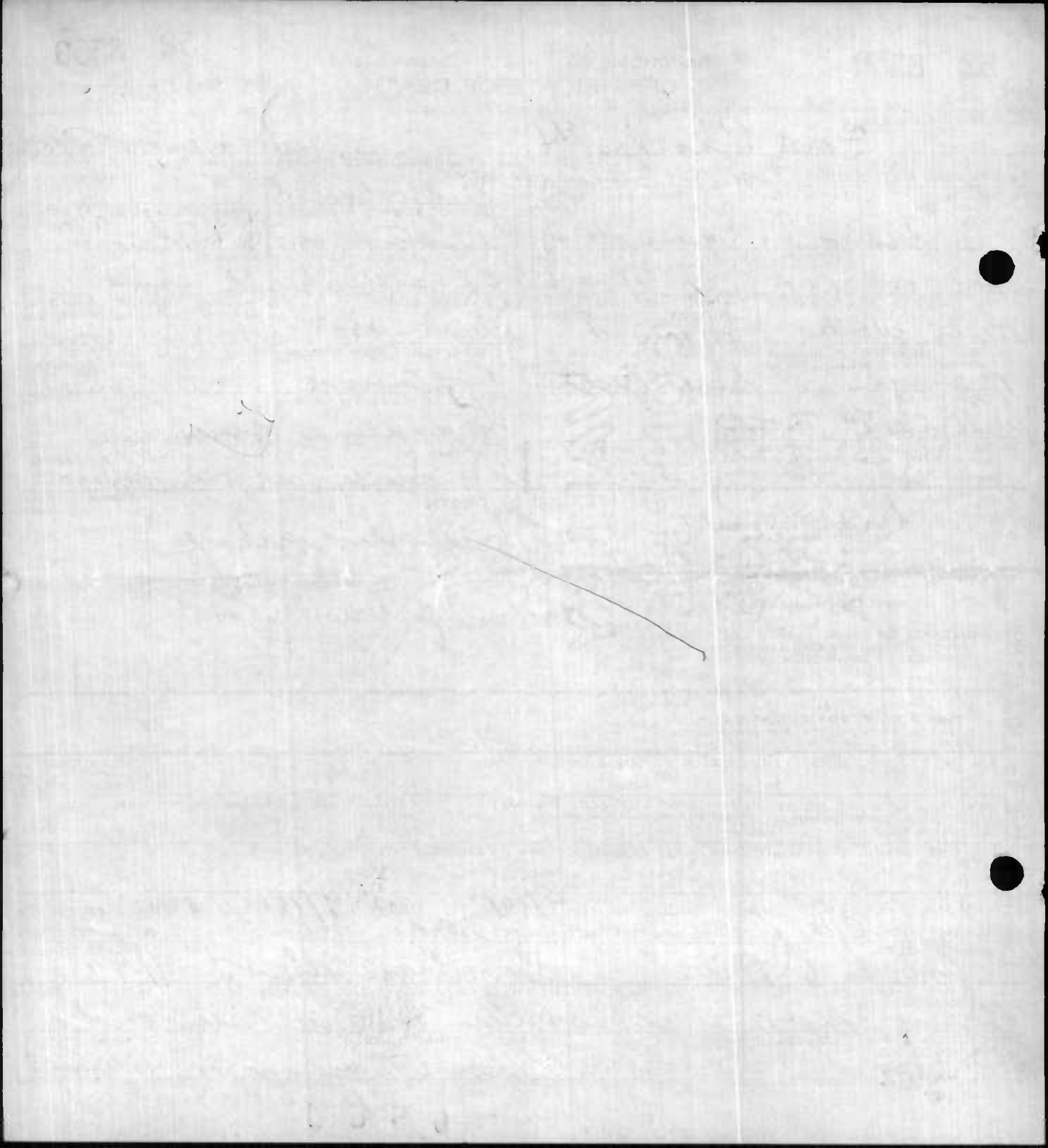
ADDRESS

Geo L. Beyer Jr 1512 Hollins St

SEP 16 1952

VS 150

5 29046 0 5 5 4  
Bldg. 23 Md



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**RICHARD ADAMS**

2. DATE  
OF  
DEATH

**Sept. 14, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

**Maryland**

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**1330 Cleveland St.**

C. CITY OR TOWN

**Baltimore**

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

**1330 Cleveland St.**

Length of stay in Baltimore

**Life**

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**infant**

8. DATE OF BIRTH

**4-16-52**

9. AGE (In years last birthday)

10. Under 1 Year

**4 mo. 28**

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Infant**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Harold Adams**

14. MOTHER'S MAIDEN NAME

**Bernice**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

**No**

(If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

ADDRESS

**Bernice Slade, 1330 Cleveland**

18.

**053.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute tracheobronchitis**

DUE TO

ANTECEDENT CAUSES

**Micrococcus Pyogenes var. albus (hemolytic).**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. Fisher*

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

**Sept. 15, 1952**

M.D.

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**9/17/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Auburn**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Charles J. Taylor 612 Carrollton Ave*

See Directive in Document File

From Dr. Russell S. Fisher, Chief Medical Examiner

# CERTIFICATE CORRECTED 9-19-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 8561

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **SIDNEY G. ROBERTS**

2. DATE OF DEATH **Sept. 15, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **Anne Arundel**

B. FULL NAME OF HOSPITAL OR INSTITUTION **US Public Health Service Hospital**  
C. CITY OR TOWN **Edgewater**  
D. STREET ADDRESS (If rural, give location) **Box 407 Route 1 Shorham Beach Rd.**

c. Length of stay in Baltimore **?**  
Yrs. **?**  
Mos. **?**  
Days **?**

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **June 14, 1891** 9. AGE (In years last birthday) **61** 10. If Under 1 Year Months: Days 11. If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Chief Eng.** 10B. KIND OF BUSINESS OR INDUSTRY **seafarer**

11. BIRTHPLACE (State or foreign country) **Mis s.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Beaugerard Roberts**

14. MOTHER'S MAIDEN NAME **Fannie Gottseelig**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **?** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **219-30-1954**

17. INFORMANT ADDRESS **Records- US PHS Hospital, Balto, Md.**

18. **200.1**

### CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia**

**1 wk.**

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Lymphosarcoma**

**3 yrs.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 2, 1952**, to **Sept. 15, 1952**, that I last saw the deceased alive on **Sept. 15, 1952**, and that death occurred at **1:45P** m., from the causes and on the date stated above.

23A. SIGNATURE **J. R. Hunter**  
**J. R. Hunter, Clinical Director**

23B. ADDRESS **US PHS Hospital, Balto, Md.**

23C. DATE SIGNED **9/16/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **Sept 19/52**

24C. NAME OF CEMETERY OR CREMATORY **Mayo Memorial**

24D. LOCATION (City, town, or county) (State) **Mayo and**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 16 1952**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR **B. L. Hopping**

ADDRESS **Amgola, Md.**





426  
52 8562BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8562  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John J. Gallagher

2. DATE  
OF  
DEATH

9/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1120 East 20th St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 6/1874

9. AGE (In years  
last birthday)

78

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Relief of Court

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore Circuit Court

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Stevens

17. INFORMANT

ADDRESS

1B. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Acute Coronary Occlusion

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9 15 52 2:15 p.m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1952, to 9-15, 1952, that I last saw the  
deceased alive on 9-15, 1952, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

Mary H. Amato 4204 Edgewood Ave

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8563  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Loretta E. Steele</u>		2. DATE OF DEATH <u>Sept. 15 '1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Anne Arundel</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Md. General Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Elkton</u>	
Length of stay in Baltimore <u>23</u> Yrs. <u>0</u> Mos. <u>0</u> Days		D. STREET ADDRESS (If rural, give location) <u>Juniper Hob Road 5200</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan. 9. 1900</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (In years last birthday) <u>52</u>
11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13. FATHER'S NAME <u>W. L. McCordle</u>		14. MOTHER'S MAIDEN NAME <u>? Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>William Steele</u>		ADDRESS <u>Elkton, Md.</u>	

18. 260X and 159X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

(A) Diabetes mellitus -  
DUE TO acidosis

?

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A. C. V. D.

DUE TO

**II**

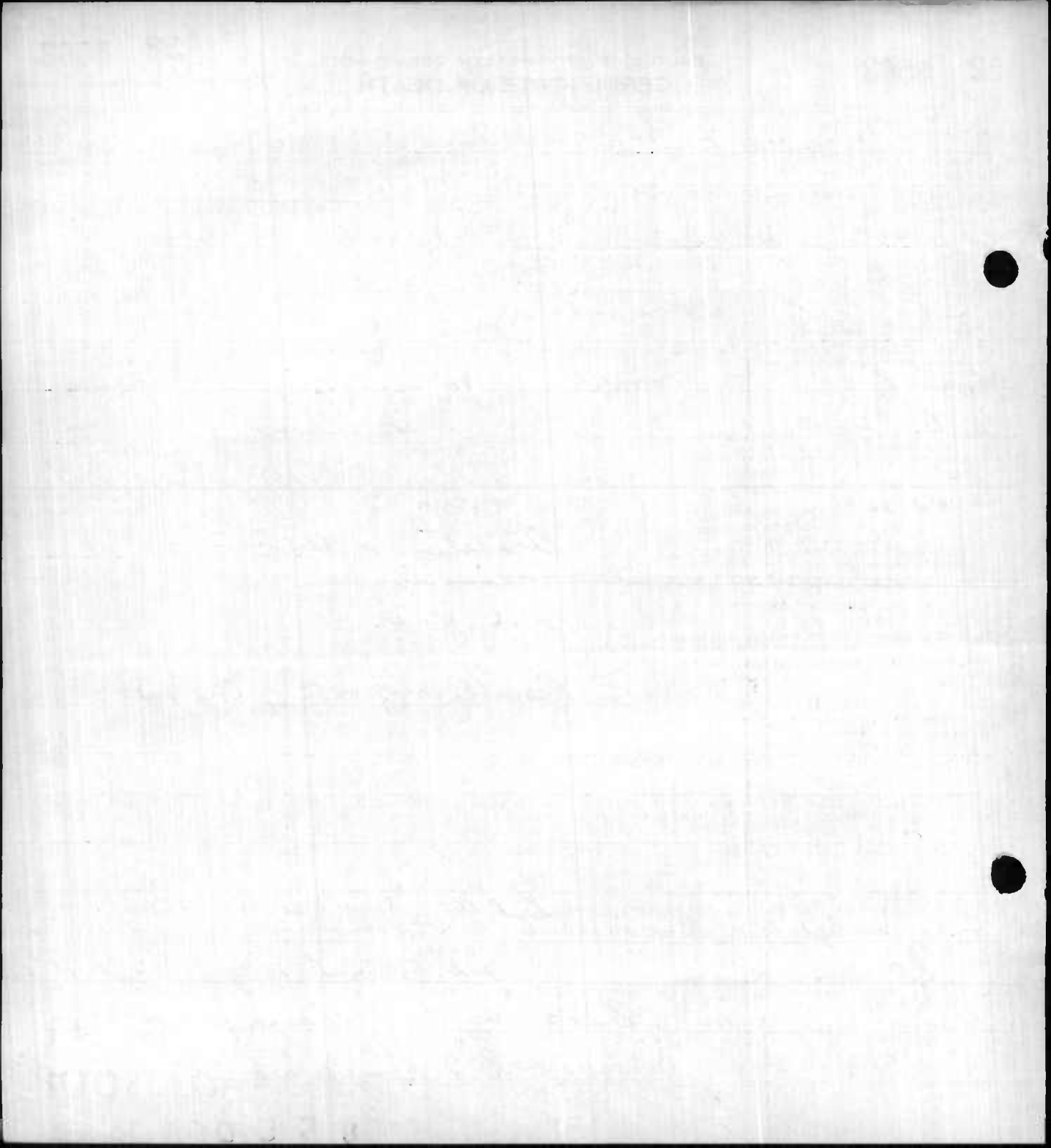
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Possible regrowth of GI tract?

19A. DATE OF OPERATION <u>9</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 14, 1952, to Sept. 15, 1952, that I last saw the deceased alive on Sept. 15, 1952, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Dr. Jui Lin</u>		23B. ADDRESS <u>Md. General Hosp.</u>		23C. DATE SIGNED <u>Sept. 15 '52</u>	
24A. BURIAL OR CREMATION, REMOVAL (Specify) <u>Funeral</u>		24B. DATE <u>Sept. 18, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Glen Haven</u>	
24D. LOCATION (City, town, or county) (State) <u>Glen Burnie, Md.</u>		25. FUNERAL DIRECTOR <u>William M. T. V. Singleton</u>		ADDRESS <u>Glen Burnie, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 16 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>William M. T. V. Singleton</u>	



520

52 8564  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8564  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Levi Marr AMOSS</b>		2. DATE OF DEATH <b>Sept. 14, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3567 Benning Road</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 25-41</b>	
C. Length of stay in Baltimore <b>25</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3567 Benning Rd.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 28, 1879</b> 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Wheat and Dairy</b>	9. AGE (In years last birthday) <b>72</b>
11. FATHER'S NAME <b>Oliver Amoss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		14. MOTHER'S MILDEN NAME <b>Emma Marr</b>	
15. SOCIAL SECURITY NO. <b>216-10-8607</b>		16. INFORMANT ADDRESS <b>Edward Amoss, 3567 Benning Rd.</b>	
18. <b>162X</b>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Carcinoma of Lung</b> <b>(Probably Metastatic Carcinoma)</b>	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
II		(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-1-52</b> 19, to <b>9-14-52</b> , that I last saw the deceased alive on <b>9-8-52</b> 19, and that death occurred at <b>SA</b> an., from the causes and on the date stated above.			
23A. SIGNATURE <b>Garry S. Linnell</b>		23B. ADDRESS <b>2703 Edmondson</b>	23C. DATE SIGNED <b>9-15-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Sept. 17, 1952</b>	24C. NAME OF CEMETERY, CREMATORY <b>Mt. View</b>	24D. LOCATION (City, town, or county) (State) <b>Howard Co., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 16 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>49063 Ruthless E. Knight</b>	

MEDICAL CERTIFICATION

1308

EXHIBIT 100-100000

100-100000

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2000-10-10



350

52 8565

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8565  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles V. D. Sutton

2. DATE  
OF  
DEATH

September 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

5025 Williston Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

5025 Williston Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 12, 1895

9. AGE (in years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Personnel Dept.

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Aubrey Sutton

14. MOTHER'S MAIDEN NAME

Mary Carr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Esther C. Sutton, 5025 Williston Street

18. 420.1 and 181X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A)  
DUE TO  
(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma, Bladder

8 mo.

19A. DATE OF OPERATION

1-18-52

19B. MAJOR FINDINGS OF OPERATION

transitional cell carcinoma, Bladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Sept. 15, 1952, that I last saw the  
deceased alive on Sept. 15, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Sol F. Schaefer

M. D.

23B. ADDRESS

401 Randow Road

23C. DATE SIGNED

9/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/17/52

24C. NAME OF CEMETERY OR CREMATORY

u. S. National Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Arm. Cook, Inc.

ADDRESS

1217 St. Paul Street

SEP 16 1952

MINISTRE DE LA SÉCURITÉ  
CERTIFICATE OF DEATH

W  
J  
W. J. W.

W. J. W.

G-125  
52 8566BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 52 8566  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida Gibson

2. DATE  
OF  
DEATH

9-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

md

B. COUNTY

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lanham R.F.D.

D. STREET ADDRESS (If rural, give location)

6300

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWER, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 1, 1918

9. AGE (in years  
last birthday)

34

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Albie Carter

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Pattie Bernell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Univ hospital

18. 576X and 015X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septic Peritonitis

@ 4 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION, LAST.

(B) Congestive failure

C 4 mo.

polycystic involvement, pyelonephritis

(C) Tuberculosis, lymphadenopathy

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic cadexia, pyrospasm

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14-52, 19\_\_, to 9-15-52, 19\_\_, that I last saw the deceased alive on 9-15-52, 19\_\_, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

W. R. Selby, Laurel, md

In Document File 52-3569 there is a lengthy

history on this case. Dr. Silverman, Director  
of the Bureau of Tuberculosis, ECHD reviewed this  
and her opinion briefly "a stomach full of pus,  
whether due to ruptured viscus of pelvic inflammatory  
disease, not determined by certifying physician - no operation, no autopsy"  
and "let code go to septic peritonitis and bc. lymphadenitis as contributing"

210/7/52. ES

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8567  
Registered No.

BIRTH NO. 52 8567

1. NAME OF DECEASED (Type or Print) <b>Robert H. Simms</b>			2. DATE OF DEATH <b>9-13-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>14-03</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			C. CITY OR TOWN <b>Baltimore</b>		
Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>2122 Bunt St</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>10/9/98</b>		9. AGE (In years last birthday) <b>38</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sanitor</b>			11. BIRTH PLACE (State or foreign country) <b>Ind</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Osake Simms</b>			14. MOTHER'S MAIDEN NAME <b>apt house</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>Ella Simms Bunt St</b>

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Hypertensive Cardiovascular</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
(B) <b>Dissect</b> DUE TO		
(C) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William Upchurch</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>9-14-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/18/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto Nat Cmts - Md</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md</b>		25. FUNERAL DIRECTOR <b>Geo. D. Kelson</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Upchurch</b>		ADDRESS <b>1303 Dressman St</b>	

1872

1872

1872

1872

1872

1872

1872

1872



52 8568

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8568

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN B. TRAUTMAN

2. DATE  
OF  
DEATH

Sept. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1810 E. 29th St.

C. Length of stay in Baltimore  
Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1810 E. 29th St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 3, 1870

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bamberg, Bavaria

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Bernhardt Trautman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. R. J. Trautman - 1810 E. 29th St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

4 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 11 AM, 1952, to 15 PM, 1952, that I last saw the  
deceased alive on 15 PM, 1952, and that death occurred at 7:11 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/17/52

Holy Redeemer Cem.

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

J. J. Vickner &amp; Sons

VS 150

9520008563 Balto 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED Oct. 2, 1952 ES

52 8569

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8569

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDITH S.C. HOPE

2. DATE  
OF  
DEATH

Sept. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2601 Roslyn Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2601 Roslyn Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 6, 1868

9. AGE (In years  
last birthday)

84

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Schoolteacher

10B. KIND OF BUSINESS OR INDUSTRY

Public Schools

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John T. Hope

14. MOTHER'S MAIDEN NAME

Martha A. Clements

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances M. Steen - 1317 Lakeside Ave.

18. 334X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute bronchopneumonia

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Senile dementia

5 yr

(C) General senile changes  
Cerebral arteriosclerosis

10 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Uterine fibroids

10 yrs. +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to Sept. 13, 1952, that I last saw the deceased alive on Sept. 11, 1952, and that death occurred at P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ruth B. Wright

M. D.

National Auto Bldg.

Sept. 13, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/16/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

J. M. J. Pickner &amp; Sons

Balto 17, Md.

See Document File 52-8569 for query reply.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8570  
Registered No.

BIRTH NO. 52 8570 52-199860

1. NAME OF DECEASED (Type or Print) <b>HARRY EDWARD HAPPERSETT, Jr.</b>			2. DATE OF DEATH <b>Sept. 14, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4649 Colborne Road</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4649 Colborne Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>Aug. 24, 1952</b>	9. AGE (In years last birthday) <b>3 wks.</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Harry E. Happersett, Sr.</b>			14. MOTHER'S MAIDEN NAME <b>Stella</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>Mrs. Stella Happersett-4649 Colborne Rd.</b>			ADDRESS		

18. <b>768.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Interstitia</b> (A) <b>Interstitial pneumonitis</b> DUE TO <b>Micrococcus pyogenes</b> (B) <b>Micrococcus pyogenes</b> DUE TO (C)	CAUSE OF DEATH <b>Septicemia</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *R. H. Fisher* M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **Sept. 15, 1952**  
ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/16/52** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park Cem.** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **Huntington Williams, M.D.** REGISTRAR'S SIGNATURE **26m. J. Tolener & Sons** 25. FUNERAL DIRECTOR'S ADDRESS **Balto 17, Md**

See letter from Dr. Russell S. Fisher, Chief Medical Examiner in Document File

21 m. 11. 1954  
11. 11. 1954



600  
52 8571BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8571  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KATIE UREY

2. DATE  
OF  
DEATH

Sept. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3908 Belle Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3908 Belle Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Dec. 25, 1864

9. AGE (In years  
last birthday)

87

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

- Spriggins

14. MOTHER'S MAIDEN NAME

none

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. John W. Urey - 3908 Belle Ave.

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *valvular disease*  
DUE TO *of aortic*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *old age*  
DUE TO *diagnosed*  
(C) *none*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 25, 1864*, 19*52*, to *Sept 13, 1952*, that I last saw the  
deceased alive on *7/12*, 19*52*, and that death occurred at *8:20* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

9/16/52

24C. NAME OF CEMETERY OR CREMATORY

McKendree Ch. Cem.

24D. LOCATION (City, town, or county)

Airville, Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Chas. J. Tichenor & Sons**Balto 17, Md.*

VS 150

*Huntington Williams, M.D.*

856

CERTIFICATE OF MARRIAGE

THIS IS TO CERTIFY

that on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
at \_\_\_\_\_ in the County of \_\_\_\_\_ State of Texas  
I, \_\_\_\_\_ Minister of the Gospel,  
in the presence of \_\_\_\_\_  
and \_\_\_\_\_

have joined together in Holy Matrimony  
the following persons: \_\_\_\_\_  
and \_\_\_\_\_

according to the rites and ceremonies  
of the \_\_\_\_\_  
and the laws of the State of Texas.

Witness my hand and the seal of my office  
this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
at \_\_\_\_\_ in the County of \_\_\_\_\_ State of Texas.

\_\_\_\_\_  
Minister of the Gospel

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
County Clerk

52 8572

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROSINA CATHERINE ROWSE

2. DATE  
OF DEATH

September 13/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-02

D. STREET ADDRESS (If rural, give location)

4302 Spinnysdale Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-29-06

9. AGE (In years last birthday)

46

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Christian Klimm

14. MOTHER'S MAIDEN NAME

Christina Bearsch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 203X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

multiple myeloma

DUE TO

?, at least 2 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fr's rt. hip + rt. humerus; both pathological

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 9-13, 1952, that I last saw the deceased alive on 9-13, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

9-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/17/52

Lorraine Maus.

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520008567 Balto 17, Md.

STATE OF NEW YORK  
CERTIFICATE OF DEATH

IN SENATE  
JANUARY 1, 1900

FOR THE YEAR 1900

NAME OF DECEASED

AGE AT DEATH

DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH

SEX  
MARRIAGE

EDUCATION

RELIGION

PROFESSION

RESIDENCE

DATE OF BIRTH

400

52 8573

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8573  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Evelyn Miller Neel

2. DATE  
OF  
DEATH

Sept 15/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1517 Bolton St

c. Length of stay in Baltimore

5 SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-4-07

9. AGE (In years  
last birthday)

44

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR  
INDUSTRY

Dress Shop

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Max Paul Miller

14. MOTHER'S MAIDEN NAME

Leona Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

220-07-7813

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 452X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TOaneurysm left  
internal carotid  
arterySymptoms  
5 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

(C) ...

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 15, 52.

19B. MAJOR FINDINGS OF OPERATION

aneurysm left internal carotid artery

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1952, to 9/15, 1952, that I last saw the  
deceased alive on 9/15, 1952 and that death occurred at 7 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Queen

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/18/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickner &amp; Sons

ADDRESS

SEP 16 1952

VS 150

4926E 0085 Bath 17, Md.

correct age is especially important - 1 year

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL



STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY, N. Y.



532  
52 8574BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8574  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Victor Lantz

2. DATE  
OF  
DEATH

Spet. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

I6II Light Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto. City 24-04

D. STREET ADDRESS (If rural, give location)

I6II Light Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/26/1860

9. AGE (In years last birthday)

91

10 Under 1 Year 11 Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Store Keeper

10B. KIND OF BUSINESS OR INDUSTRY

Confectionary

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jon Lantz

14. MOTHER'S MAIDEN NAME

UnKnown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Irene Dudley I6II Light St.

18. 181X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) .....  
DUE TOCarcinoma of  
urinary Bladder

1 year

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
DUE TOsecondary anemia  
Bladder bleeding  
Stenility

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 5, 1952, to Sept 14, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/17/1952

Cedar Hill

A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

Flynn &amp; Fleming I426 Light St

1952 08562

1978

8

1978

8

1978

8



52 8575

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8575

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HERBERT BATTENFELD

2. DATE  
OF DEATH Sept. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

871 LAKE DRIVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 20-06D. STREET ADDRESS (If rural, give location)  
3109 STRICKLAND ST

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 2, 1904

9. AGE (in years  
last birthday)

48

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MAINTENANCE MAN

10B. KIND OF BUSINESS OR  
INDUSTRY

VARIOUS

11. BIRTHPLACE (State or foreign country)  
BALTO MD12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES E. BATTENFELD

14. MOTHER'S MAIDEN NAME

LILLIAN LULIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

213-10-0885

17. INFORMANT

LILLIAN E. BATTENFELD STRICKLAND

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
Sept. 15, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-19-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

BALTO MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

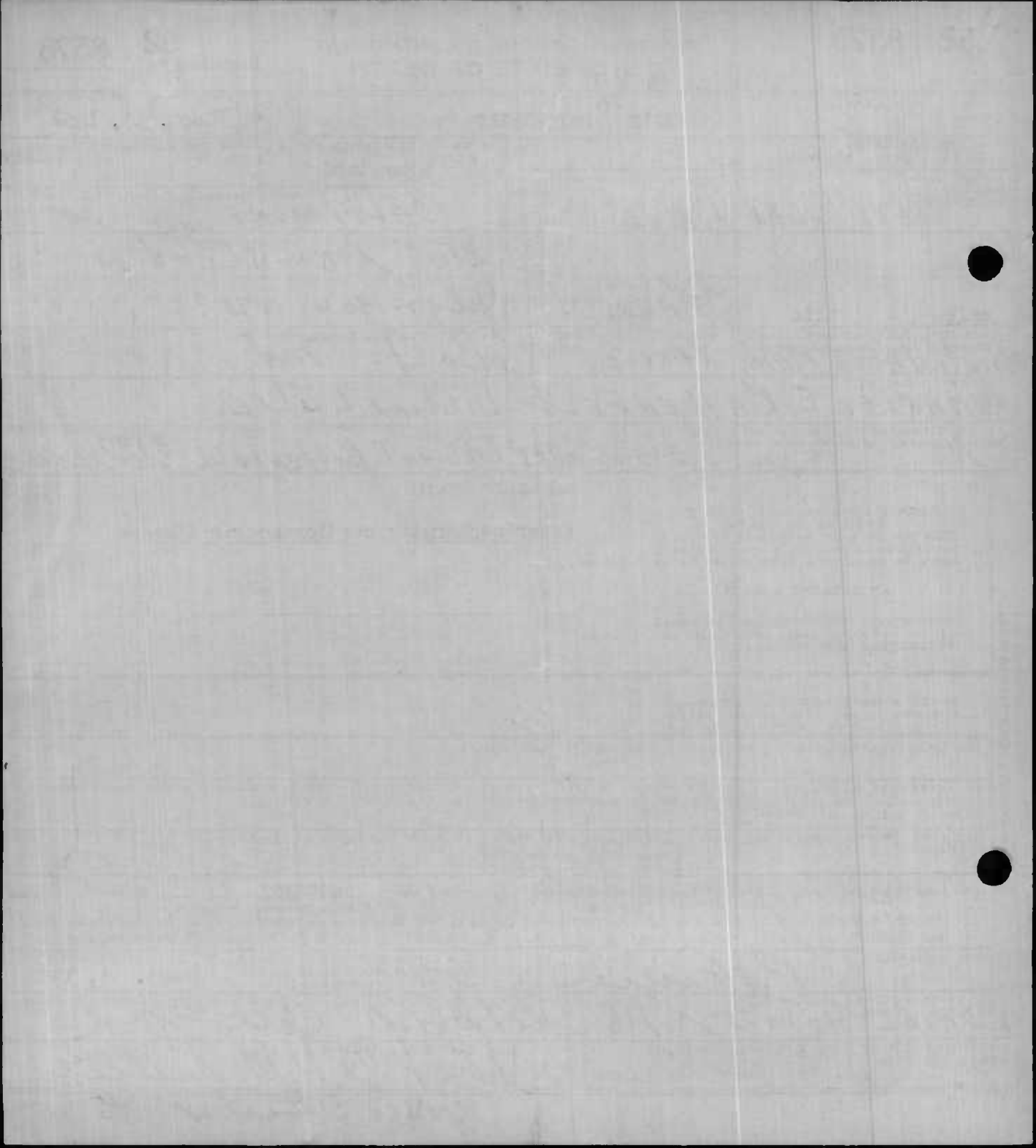
1011 E. B. M. Walters

ADDRESS

VS 151

57X 990

Orrin E. Cluck



452  
52 8576BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8576

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EZEKIEL A. WILLIAMS

2. DATE  
OF  
DEATH

Sept 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2807 THE ALAMEDA

C. Length of stay in Baltimore

50

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2807 THE ALAMEDA

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

July 30-1880

9. AGE (In years

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lieut (Ret)

10B. KIND OF BUSINESS OR INDUSTRY

BALTO POLICE DEPT

11. BIRTHPLACE (State or foreign country)

Williamsburg MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES WILLIAMS

14. MOTHER'S MAIDEN NAME

MARGARET ANDREWS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MARGARET Hinner 2807 THE ALAMEDA

ADDRESS

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma Bronchogenic

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

no

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

no

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1950, to 9-15, 1952, that I last saw the deceased alive on 9-15, 1952, and that death occurred at 1730 m., from the causes and on the date stated above.

23A. SIGNATURE

Francis Hooper

M. D.

23B. ADDRESS

3534 Ellerslie A

23C. DATE SIGNED

9-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9-17-52

24C. NAME OF CEMETERY OR CREMATORY

WESTERN LEM

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 16 1952

REGISTRAR'S SIGNATURE

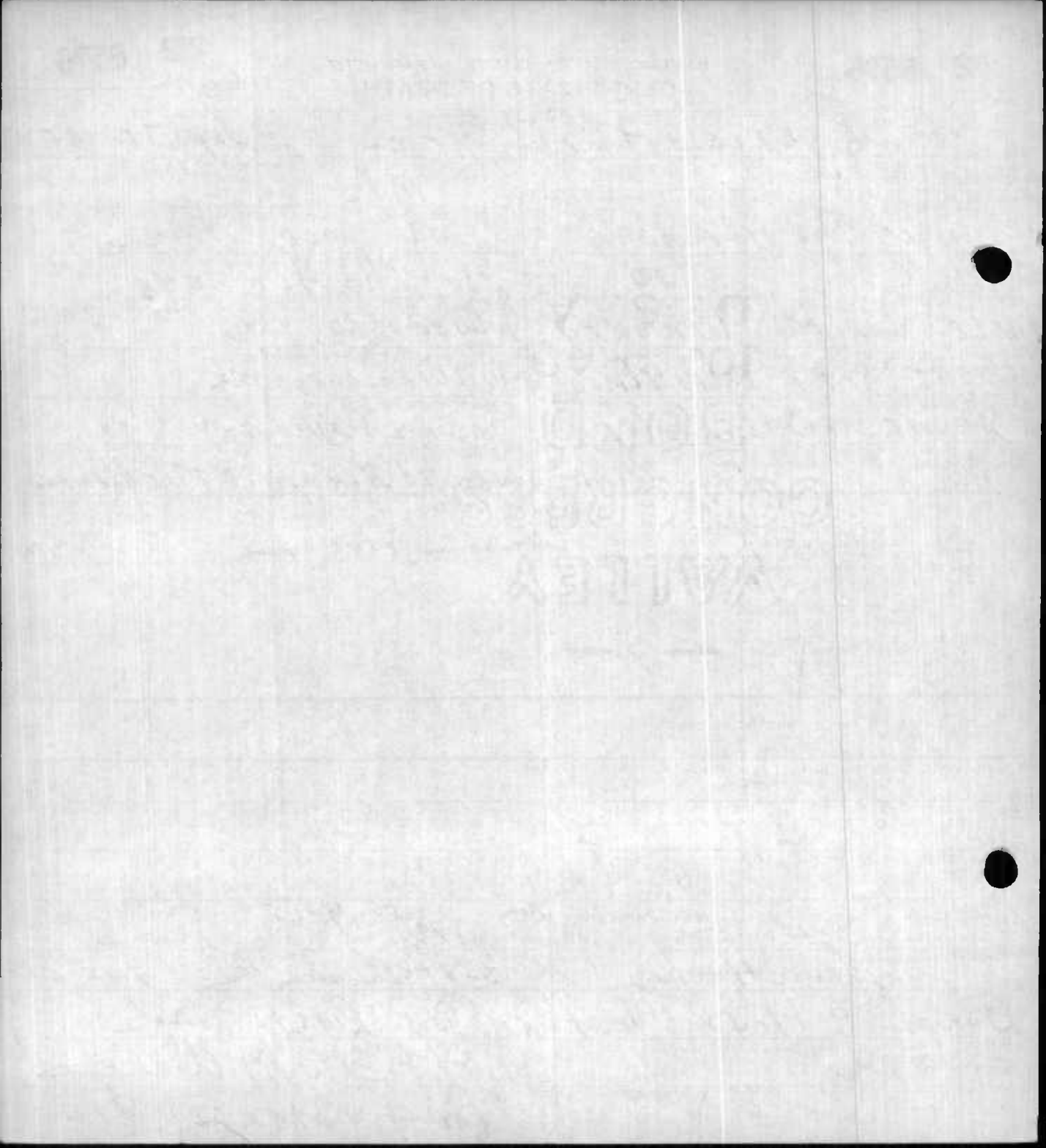
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. C. B. M. Walters

ADDRESS

1844 Y STRICKER ST





520

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8577

Registered No. 52 8577

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clara Jones

2. DATE  
OF  
DEATH

9/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 4-02

D. STREET ADDRESS (If rural, give location)

707 W. Lexington St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 194X CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Probable Cause: carcinoma of colon  
due to thyroid & metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/14, 1952, to 9/14, 1952, that I last saw the  
deceased alive on 9/14, 1952 and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR

24D. LOCATION (City, town, or county)

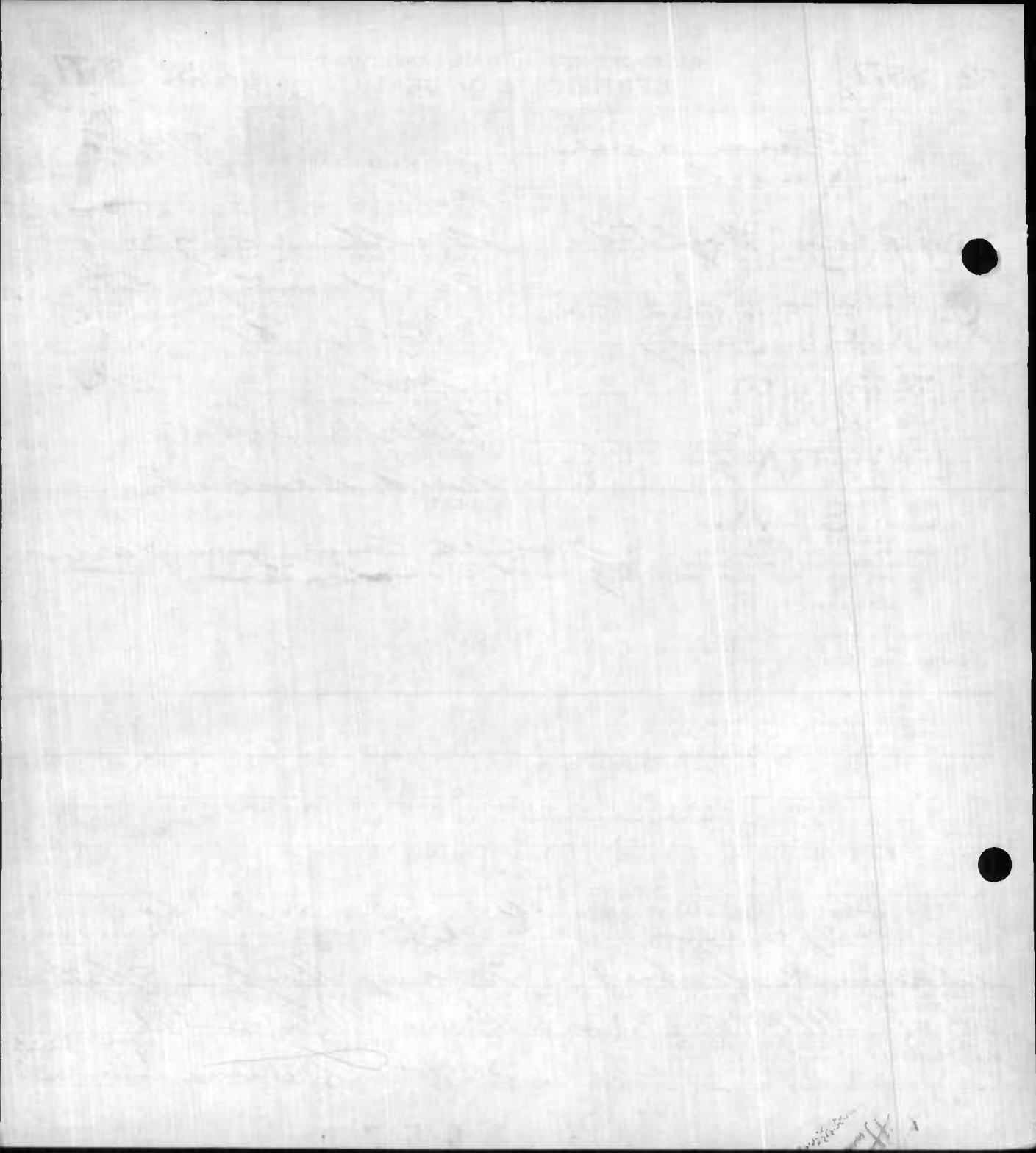
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

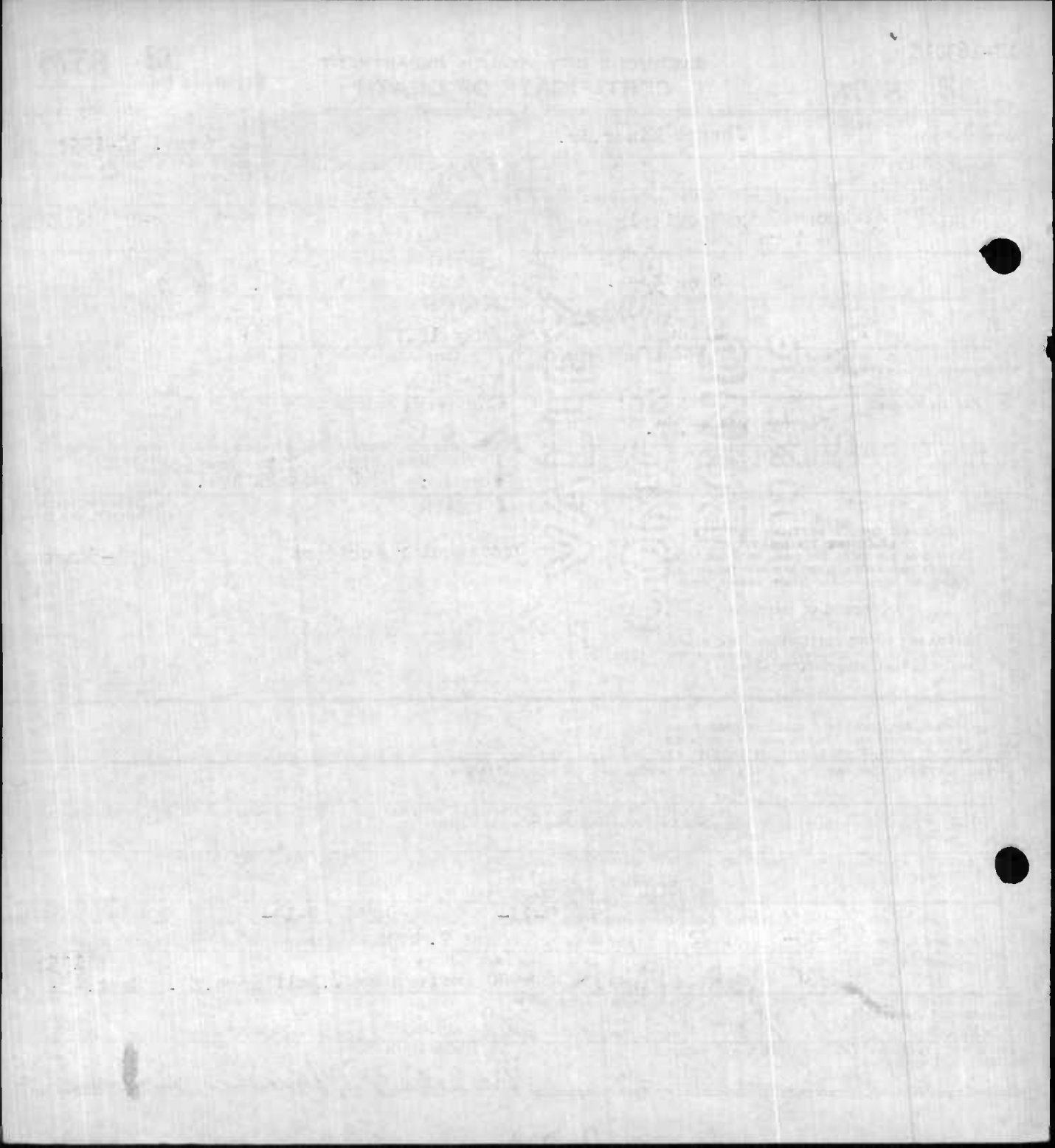
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS









Dr. Jos. Jerardi  
1800 N. Charles St.

8 2 1 7



52 8580

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8580

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)M.  
Joseph Robinson2. DATE  
OF  
DEATH

Sept., 14, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 29, 1903

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Radio Repairman

10B. KIND OF BUSINESS OR  
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edward Robinson

Deceased

14. MOTHER'S MAIDEN NAME

Leale Carrick

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Generalized Carcinomatosis

Bronchogenic Carcinoma

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1952, to 9-14, 1952, that I last saw the  
deceased alive on 9-14, 1952, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

John O. Mitchell, Inc.

1900 Eutaw Place



524

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8581

BIRTH NO. 52 8581 25912

1. NAME OF DECEASED (Type or Print) <i>Baby (male) Dunklin</i>			2. DATE OF DEATH <i>Sept. 16, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write LURAY, and give township) <i>Baltimore (County)</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>338 Upper Landing</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-15-52</i>	9. AGE (In years last birthday)	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Dunklin</i>			14. MOTHER'S MAIDEN NAME <i>Bella Lomax</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

## CAUSE OF DEATH

18. *776x* I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Prematurity*  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9/15*, 1952, to *9/16*, 1952, that I last saw the deceased alive on *9/16*, 1952, and that death occurred at *3* m., from the causes and on the date stated above.

23A. SIGNATURE *Ag Duckworth* M. O. *JOHNS HOPKINS HOSPITAL* 23B. ADDRESS *9-16-52* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>9/17/52</i>	<i>Olivet Cemetery</i>	<i>St. Michaels, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
<i>SEP 16 1952</i>	<i>Huntington Williams, M.D.</i>	<i>S. Hambleton Harrison</i>	<i>St. Michaels, Md</i>

243155

1. *Journal of Management Studies*, 1991, 28, 1.

1997-1998

52 8582  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8582  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CATHERINE M. Houchens		Sept. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
2800 Pulaski Highway		C. CITY OR TOWN Baltimore	
Length of stay in Baltimore ? ?		D. STREET ADDRESS (If rural, give location) 2800 Pulaski Highway	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 31, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY ?	9. AGE (In years last birthday) 66
13. FATHER'S NAME William C. Reilly		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Margaret Cronin	
17. INFORMANT Mrs Mary Donovan		ADDRESS 1504 Summit Ave. Catonville	

18. 4438 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive cardiovascular disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
--	--	---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. J. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/17/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
DATE RECEIVED BY LOCAL REGISTRAR 161952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John A. Moran	
				ADDRESS 3000 E. Balto. St	

5079 50

5079





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 8583**

BIRTH NO. **52 8583**

1. NAME OF DECEASED (Type or Print) <b>FRANCIS L. SCHAUB</b>			2. DATE OF DEATH <b>Sept 15, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3 North Milton Ave</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 6-02</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>3 North Milton Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 12, 1895</b>	9. AGE (In years last birthday) <b>57</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Good Bros.</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>George A. Schaub</b>			14. MOTHER'S MAIDEN NAME <b>Helen Toeneis</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>W.W.1.</b>			16. SOCIAL SECURITY NO. <b>216-05-9183</b>		
17. INFORMANT <b>Mrs. Ida Schaub</b>			ADDRESS <b>3 N. Milton Ave</b>		

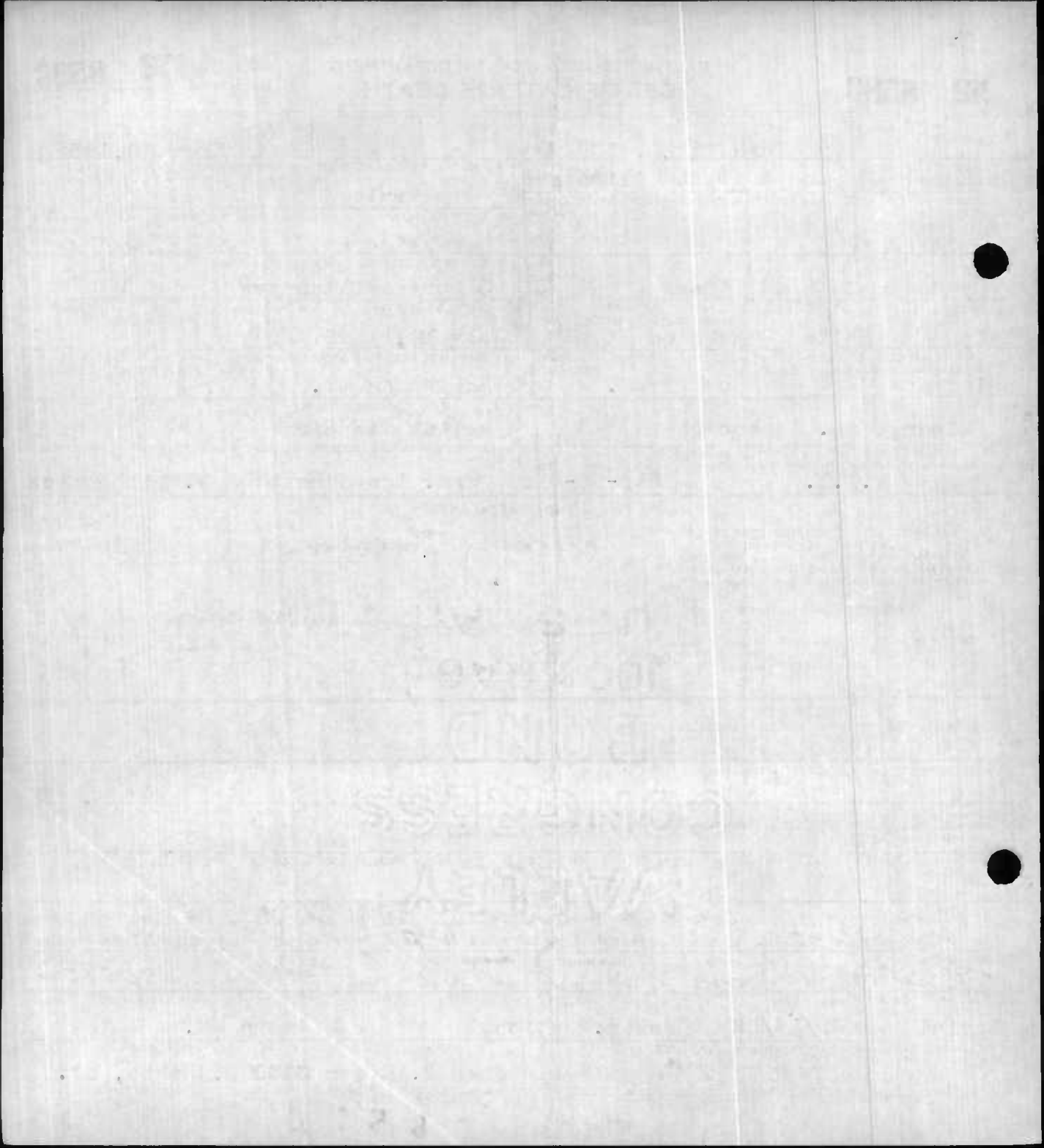
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>hypertensive cardiovascular disease</b>		<b>10 yrs.</b>
(B) <b>obesity</b>		<b>20 yr??</b>
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **June**, 19**51**, to **Sept**, 19**52**, that I last saw the deceased alive on **Sept 12**, 19**52**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Benton V. Lock MD</b>	23B. ADDRESS <b>2936 E. Balto St</b>	23C. DATE SIGNED <b>9/15/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 16 1952</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>John A. Moran</b>
		ADDRESS <b>3000 E. Balto, St.</b>

VS 150  
1952 18042 8570



52 8584

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8584

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM HAMPSHIRE

2. DATE  
OF  
DEATH

Sept. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

3127 Baybriar Road

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 11, 1913

9. AGE (In years  
last birthday)

39

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

ELECTRICIAN

10B. KIND OF BUSINESS OR  
INDUSTRY

BETHLEHEM STEEL

11. BIRTHPLACE (State or foreign country)

PITTSBURG PA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

WM. H. HAMPSHIRE

14. MOTHER'S MAIDEN NAME

MINNIE HAMPSHIRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 3127

FLORENCE HAMPSHIRE BAY BRIAR.

18. E 914,3 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Third degree burns of 90% of body

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

shipyard

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Sparrows Pt.-Bethlehem Steel Shipyards

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 7, 1952

m.

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

Electric switch shorted-caught clothes

22. I certify that I took charge of the remains described above, held an inspection & inquiry on fire  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
Sept. 15, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ULLRICH FUNERAL HOME

ADDRESS 2112

DUNDALK

VS 151

N-948.2

5-50534 8 5

✓

Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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52 8585

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8585  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT A. SMITH

2. DATE  
OF  
DEATH

Sept. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1810 E. Lombard St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2-02

D. STREET ADDRESS (If rural, give location)

1810 E. Lombard St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 5, 1914

9. AGE (In years  
last birthday)

38

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR  
INDUSTRY

Church

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank A. Smith

14. MOTHER'S MAIDEN NAME

Lillian Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Frank A. Smith 1810 E. Lombard St.,

18. 587.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute and chronic pancreatitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

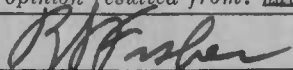
m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

Sept. 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

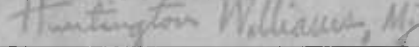
24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.





52 8586

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8586

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES GENSLE

2. DATE  
OF  
DEATH

SEPT: 14 : 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

70 S. FRANKLINTOWN ROAD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

20-04

D. STREET ADDRESS (If rural, give location)

70 S. FRANKLINTOWN ROAD

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 27-1874

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Pittsburg Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN GENSLE

14. MOTHER'S MAIDEN NAME

? GIESLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO.

16. SOCIAL SECURITY NO.

\*\*\*\*\*

17. INFORMANT

ADDRESS

Rd.

LOUISE J. GENSLE-70 S. Franklinton

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute edema of the lungs

1 1/2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic myocarditis rheumatic 55 yrs.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerosis, generalized  
Cerebral thrombosis5 1/2 yrs.  
1 1/2 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 19, 1947, to Sept. 14, 1952, that I last saw the deceased alive on Sept. 14, 1952, and that death occurred at 12:40A. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT: 17:52

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE MARYLAND

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1952

Huntington Williams, M.D.

F.B. Wippert &amp; Son

VS 150

F.B. WIPPERT &amp; SON 1300 EUTAW PL. 17

MEDICAL CERTIFICATION

STATE OF OHIO  
DEPARTMENT OF REVENUE

STATE OF OHIO

52 8587

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8587

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Wesley Lewis

2. DATE  
OF  
DEATH

9-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

304 N. ANN ST

B. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

3 yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9-13-67

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

farmer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Dorchester Co MD

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Lewis

14. MOTHER'S MAIDEN NAME

Lair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edw. Lewis 304 N. ANN

18. 4 yrs

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) arterio-sclerotic  
cardiac diseasesev.  
yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/57 to 9/14/52, that I last saw the  
deceased alive on 9/1, 1952, and that death occurred at 5 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. H. H.

23B. ADDRESS

BALTIMORE, MD

23C. DATE SIGNED

9-16-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

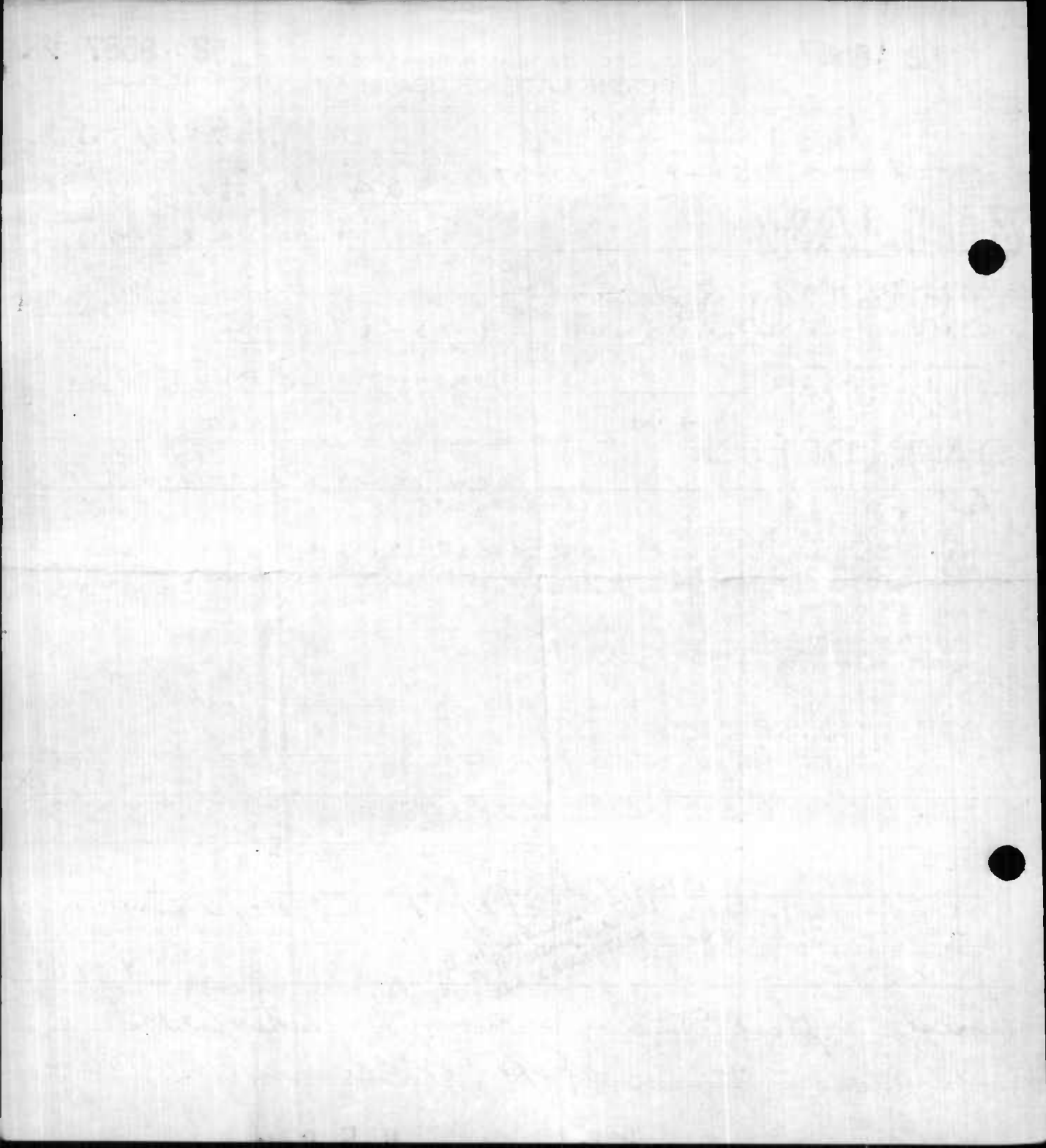
25. FUNERAL DIRECTOR

ADDRESS

6-1052

Huntington Williams, M.D.

Robert Williams 1515 M. E. Clark St.



634-  
52 8588  
AB-163202

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8588

1. NAME OF DECEASED  
(Type or Print)

Harry Paul Bartles

2. DATE  
OF  
DEATH

Sept. 16-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE  
Baltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE  
Maryland

b. COUNTY

Frederick Washington

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Hagerstown

d. STREET ADDRESS (If rural, give location)

220 Alexander St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Sept. 26-1935

9. AGE (In years  
last birthday)

16

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR  
INDUSTRY

In School

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

Herman Bartles

14. MOTHER'S MAIDEN NAME

Mary Hamby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMATION  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 080.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bulbar Poliomyelitis

5 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.19a. DATE OF OPERATION  
9-16-195219b. MAJOR FINDINGS OF OPERATION  
Tracheotomy20. AUTOPSY?  
YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21e. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16-1952, to 9-16-1952, that I last saw the  
deceased alive on 9-16-1952, and that death occurred at 9:25 PM, from the causes and on the date stated above.

23a. SIGNATURE

H. E. Johnson M.D.

M. D.

23b. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23c. DATE SIGNED

9-16-52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Sept 18/52

24c. NAME OF CEMETERY OR CREMATORY

Broadfording Cemetery Broadfording Md

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. F. K. Hoffman Hagerstown

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED BY MAIL ON NOV 10 1964

RECEIVED BY MAIL ON NOV 10 1964

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220  
52 8589BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8589

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Halter, Buczowski</i>			2. DATE OF DEATH <i>Sept 15/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>407 S. Chapel St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Life</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>407 S Chapel St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept 10/1905</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Blondaire</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>George Buczowski</i>			14. MOTHER'S MAIDEN NAME <i>Katherine Bida</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Katherine Buczowski</i>			ADDRESS		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Acute Coronary Thrombosis</i> DUE TO (B) <i>Angina Pectoris attack</i> DUE TO (C) <i>Chronic Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>acute</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 14, 1952</i> to <i>Sept 15, 1952</i> , that I last saw the deceased alive on <i>Sept 14, 1952</i> , and that death occurred at <i>2:15 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Spencer Leung</i>		23b. ADDRESS <i>7000 E. Pratt St</i>		23c. DATE SIGNED <i>9/16/52</i>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 18/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>Fred W. Ozagowski</i>		ADDRESS <i>1830 Eastern Ave</i>	

INDEPENDENT STATE OF MISSISSIPPI  
OFFICE OF THE ATTORNEY GENERAL  
JANUARY 1, 1900

TO THE HONORABLE THE COMMISSIONERS OF THE LAND OFFICE  
OF THE INDEPENDENT STATE OF MISSISSIPPI  
AT THE CITY OF JACKSON  
MISSISSIPPI

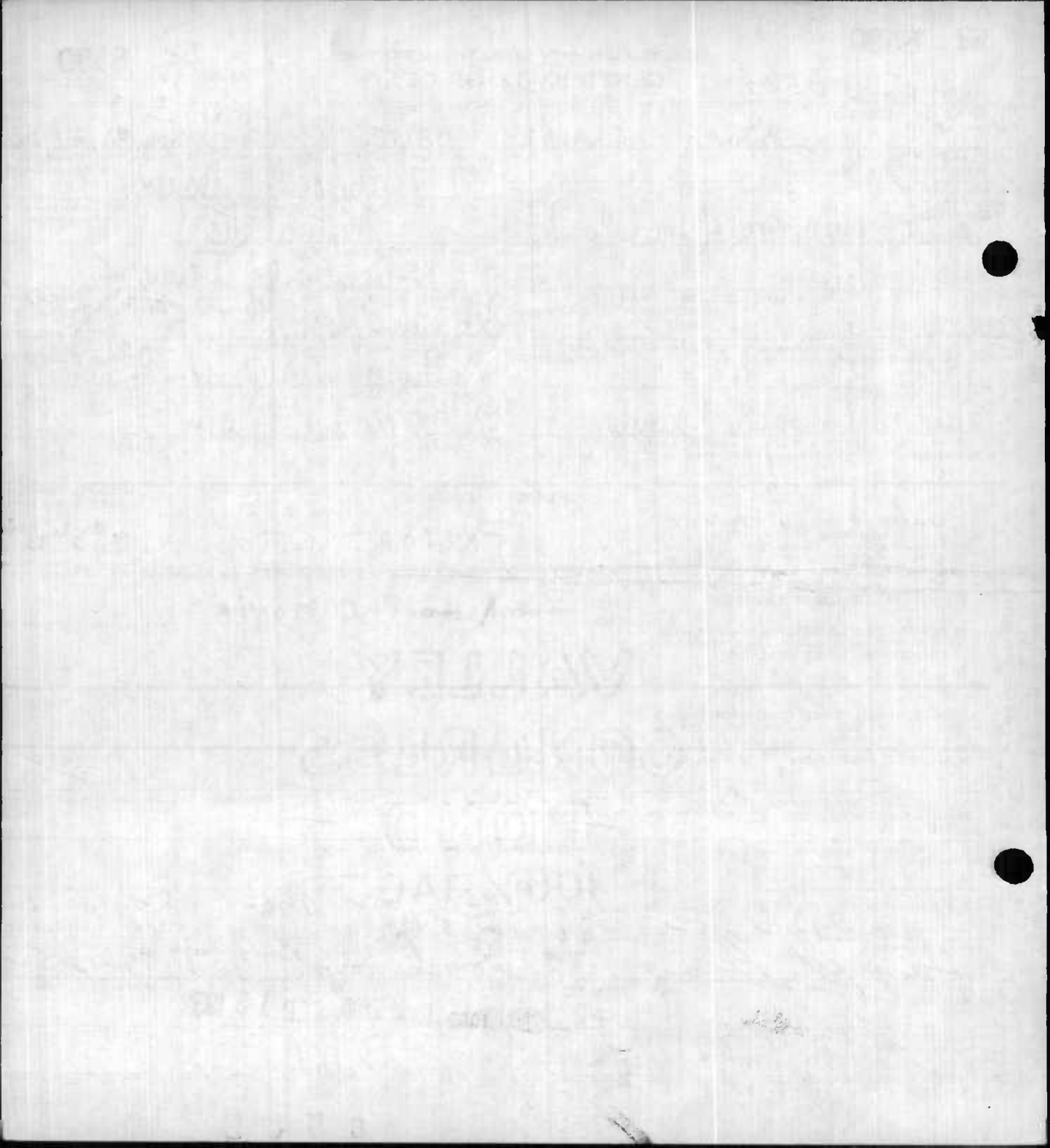
SIR:

I have the honor to acknowledge the receipt of your letter of the 28th inst. in relation to the above subject, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours obedient servant,  
J. H. [Signature]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 8590		BALTIMORE CITY HEALTH DEPARTMENT		52 8590	
BIRTH NO. 52-20503		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <b>DEBORAH ELAINE HAINES</b>		2. DATE OF DEATH <b>September 12 1952</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Carroll</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hospital for Women of Maryland</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Westminster</b>			
C. Length of stay in Baltimore <b>1</b> Yrs. <b>1</b> Mos. <b>1</b> Days		D. STREET ADDRESS (If rural give location) <b>82 Winchester Avenue 5641</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>September 3 1952</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>9</b> Months <b>3</b> Days <b>33</b> Hours <b>33</b> Min.	
11. BIRTHPLACE (State or foreign country) <b>Baltimore - Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Clarence Edward Haines</b>		14. MOTHER'S MAIDEN NAME <b>Bettie Elaine Taylor</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT		ADDRESS			
18. 763.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PREMATURITY</b> (A) DUE TO		CAUSE OF DEATH <b>PREMATURITY</b> (B) <b>BRONCHO PNEUMONIA</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>7 days 33 min</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-3</b> , 19 <b>52</b> , to <b>9-12</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-12</b> , 19 <b>52</b> , and that death occurred at <b>5:40 AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Hanger Gray</b>		23B. ADDRESS <b>Woman's Hosp. Baltimore Md</b>		23C. DATE SIGNED <b>9-13-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. (State)		24F. LOCATION (City, town, or county)	
24G. (State)		24H. (State)		24I. (State)	
24J. (State)		24K. (State)		24L. (State)	
24M. (State)		24N. (State)		24O. (State)	
24P. (State)		24Q. (State)		24R. (State)	
24S. (State)		24T. (State)		24U. (State)	
24V. (State)		24W. (State)		24X. (State)	
24Y. (State)		24Z. (State)		24AA. (State)	
24AB. (State)		24AC. (State)		24AD. (State)	
24AE. (State)		24AF. (State)		24AG. (State)	
24AH. (State)		24AI. (State)		24AJ. (State)	
24AK. (State)		24AL. (State)		24AM. (State)	
24AN. (State)		24AO. (State)		24AP. (State)	
24AQ. (State)		24AR. (State)		24AS. (State)	
24AT. (State)		24AU. (State)		24AV. (State)	
24AW. (State)		24AX. (State)		24AY. (State)	
24AZ. (State)		24BA. (State)		24BB. (State)	
24BC. (State)		24BD. (State)		24BE. (State)	
24BF. (State)		24BG. (State)		24BH. (State)	
24BI. (State)		24BJ. (State)		24BK. (State)	
24BL. (State)		24BM. (State)		24BN. (State)	
24BO. (State)		24BP. (State)		24BQ. (State)	
24BR. (State)		24BS. (State)		24BT. (State)	
24BU. (State)		24BV. (State)		24BW. (State)	
24BX. (State)		24BY. (State)		24BZ. (State)	
24CA. (State)		24CB. (State)		24CC. (State)	
24CD. (State)		24CE. (State)		24CF. (State)	
24CG. (State)		24CH. (State)		24CI. (State)	
24CJ. (State)		24CK. (State)		24CL. (State)	
24CM. (State)		24CN. (State)		24CO. (State)	
24CP. (State)		24CQ. (State)		24CR. (State)	
24CS. (State)		24CT. (State)		24CU. (State)	
24CV. (State)		24CW. (State)		24CX. (State)	
24CY. (State)		24CZ. (State)		24DA. (State)	
24DB. (State)		24DC. (State)		24DD. (State)	
24DE. (State)		24DE. (State)		24DE. (State)	
24DF. (State)		24DF. (State)		24DF. (State)	
24DG. (State)		24DG. (State)		24DG. (State)	
24DH. (State)		24DH. (State)		24DH. (State)	
24DI. (State)		24DI. (State)		24DI. (State)	
24DJ. (State)		24DJ. (State)		24DJ. (State)	
24DK. (State)		24DK. (State)		24DK. (State)	
24DL. (State)		24DL. (State)		24DL. (State)	
24DM. (State)		24DM. (State)		24DM. (State)	
24DN. (State)		24DN. (State)		24DN. (State)	
24DO. (State)		24DO. (State)		24DO. (State)	
24DP. (State)		24DP. (State)		24DP. (State)	
24DQ. (State)		24DQ. (State)		24DQ. (State)	
24DR. (State)		24DR. (State)		24DR. (State)	
24DS. (State)		24DS. (State)		24DS. (State)	
24DT. (State)		24DT. (State)		24DT. (State)	
24DU. (State)		24DU. (State)		24DU. (State)	
24DV. (State)		24DV. (State)		24DV. (State)	
24DW. (State)		24DW. (State)		24DW. (State)	
24DX. (State)		24DX. (State)		24DX. (State)	
24DY. (State)		24DY. (State)		24DY. (State)	
24DZ. (State)		24DZ. (State)		24DZ. (State)	
24EA. (State)		24EA. (State)		24EA. (State)	
24EB. (State)		24EB. (State)		24EB. (State)	
24EC. (State)		24EC. (State)		24EC. (State)	
24ED. (State)		24ED. (State)		24ED. (State)	
24EE. (State)		24EE. (State)		24EE. (State)	
24EF. (State)		24EF. (State)		24EF. (State)	
24EG. (State)		24EG. (State)		24EG. (State)	
24EH. (State)		24EH. (State)		24EH. (State)	
24EI. (State)		24EI. (State)		24EI. (State)	
24EJ. (State)		24EJ. (State)		24EJ. (State)	
24EK. (State)		24EK. (State)		24EK. (State)	
24EL. (State)		24EL. (State)		24EL. (State)	
24EM. (State)		24EM. (State)		24EM. (State)	
24EN. (State)		24EN. (State)		24EN. (State)	
24EO. (State)		24EO. (State)		24EO. (State)	
24EP. (State)		24EP. (State)		24EP. (State)	
24EQ. (State)		24EQ. (State)		24EQ. (State)	
24ER. (State)		24ER. (State)		24ER. (State)	
24ES. (State)		24ES. (State)		24ES. (State)	
24ET. (State)		24ET. (State)		24ET. (State)	
24EU. (State)		24EU. (State)		24EU. (State)	
24EV. (State)		24EV. (State)		24EV. (State)	
24EW. (State)		24EW. (State)		24EW. (State)	
24EX. (State)		24EX. (State)		24EX. (State)	
24EY. (State)		24EY. (State)		24EY. (State)	
24EZ. (State)		24EZ. (State)		24EZ. (State)	
24FA. (State)		24FA. (State)		24FA. (State)	
24FB. (State)		24FB. (State)		24FB. (State)	
24FC. (State)		24FC. (State)		24FC. (State)	
24FD. (State)		24FD. (State)		24FD. (State)	
24FE. (State)		24FE. (State)		24FE. (State)	
24FF. (State)		24FF. (State)		24FF. (State)	
24FG. (State)		24FG. (State)		24FG. (State)	
24FH. (State)		24FH. (State)		24FH. (State)	
24FI. (State)		24FI. (State)		24FI. (State)	
24FJ. (State)		24FJ. (State)		24FJ. (State)	
24FK. (State)		24FK. (State)		24FK. (State)	
24FL. (State)		24FL. (State)		24FL. (State)	
24FM. (State)		24FM. (State)		24FM. (State)	
24FN. (State)		24FN. (State)		24FN. (State)	
24FO. (State)		24FO. (State)		24FO. (State)	
24FP. (State)		24FP. (State)		24FP. (State)	
24FQ. (State)		24FQ. (State)		24FQ. (State)	
24FR. (State)		24FR. (State)		24FR. (State)	
24FS. (State)		24FS. (State)		24FS. (State)	
24FT. (State)		24FT. (State)		24FT. (State)	
24FU. (State)		24FU. (State)		24FU. (State)	
24FV. (State)		24FV. (State)		24FV. (State)	
24FW. (State)		24FW. (State)		24FW. (State)	
24FX. (State)		24FX. (State)		24FX. (State)	
24FY. (State)		24FY. (State)		24FY. (State)	
24FZ. (State)		24FZ. (State)		24FZ. (State)	
24GA. (State)		24GA. (State)		24GA. (State)	
24GB. (State)		24GB. (State)		24GB. (State)	
24GC. (State)		24GC. (State)		24GC. (State)	
24GD. (State)		24GD. (State)		24GD. (State)	
24GE. (State)		24GE. (State)		24GE. (State)	
24GF. (State)		24GF. (State)		24GF. (State)	
24GG. (State)		24GG. (State)		24GG. (State)	
24GH. (State)		24GH. (State)		24GH. (State)	
24GI. (State)		24GI. (State)		24GI. (State)	
24GJ. (State)		24GJ. (State)		24GJ. (State)	
24GK. (State)		24GK. (State)		24GK. (State)	
24GL. (State)		24GL. (State)		24GL. (State)	
24GM. (State)		24GM. (State)		24GM. (State)	
24GN. (State)		24GN. (State)		24GN. (State)	
24GO. (State)		24GO. (State)		24GO. (State)	
24GP. (State)		24GP. (State)		24GP. (State)	
24GQ. (State)		24GQ. (State)		24GQ. (State)	
24GR. (State)		24GR. (State)		24GR. (State)	
24GS. (State)		24GS. (State)		24GS. (State)	
24GT. (State)		24GT. (State)		24GT. (State)	
24GU. (State)		24GU. (State)		24GU. (State)	
24GV. (State)		24GV. (State)		24GV. (State)	
24GW. (State)		24GW. (State)		24GW. (State)	
24GX. (State)		24GX. (State)		24GX. (State)	
24GY. (State)		24GY. (State)		24GY. (State)	
24GZ. (State)		24GZ. (State)		24GZ. (State)	
24HA. (State)		24HA. (State)		24HA. (State)	
24HB. (State)		24HB. (State)		24HB. (State)	
24HC. (State)		24HC. (State)		24HC. (State)	
24HD. (State)		24HD. (State)		24HD. (State)	
24HE. (State)		24HE. (State)		24HE. (State)	
24HF. (State)		24HF. (State)		24HF. (State)	
24HG. (State)		24HG. (State)		24HG. (State)	
24HH. (State)		24HH. (State)		24HH. (State)	
24HI. (State)		24HI. (State)		24HI. (State)	
24HJ. (State)		24HJ. (State)		24HJ. (State)	
24HK. (State)		24HK. (State)		24HK. (State)	
24HL. (State)		24HL. (State)		24HL. (State)	
24HM. (State)		24HM. (State)		24HM. (State)	
24HN. (State)		24HN. (State)		24HN. (State)	
24HO. (State)		24HO. (State)		24HO. (State)	
24HP. (State)		24HP. (State)		24HP. (State)	
24HQ. (State)		24HQ. (State)		24HQ. (State)	
24HR. (State)		24HR. (State)		24HR. (State)	
24HS. (State)		24HS. (State)		24HS. (State)	
24HT. (State)		24HT. (State)		24HT. (State)	
24HU. (State)		24HU. (State)		24HU. (State)	
24HV. (State)		24HV. (State)		24HV. (State)	
24HW. (State)		24HW. (State)		24HW. (State)	
24HX. (State)		24HX. (State)		24HX. (State)	
24HY. (State)		24HY. (State)		24HY. (State)	
24HZ. (State)		24HZ. (State)		24HZ. (State)	
24IA. (State)		24IA. (State)		24IA. (State)	
24IB. (State)		24IB. (State)		24IB. (State)	
24IC. (State)		24IC. (State)		24IC. (State)	
24ID. (State)		24ID. (State)		24ID. (State)	
24IE. (State)		24IE. (State)		24IE. (State)	
24IF. (State)		24IF. (State)		24IF. (State)	
24IG. (State)		24IG. (State)		24IG. (State)	
24IH. (State)		24IH. (State)		24IH. (State)	
24II. (State)		24II. (State)		24II. (State)	
24IJ. (State)		24IJ. (State)		24IJ. (State)	
24IK. (State)		24IK. (State)		24IK. (State)	
24IL. (State)		24IL. (State)		24IL. (State)	
24IM. (State)		24IM. (State)		24IM. (State)	
24IN. (State)		24IN. (State)		24IN. (State)	
24IO. (State)		24IO. (State)		24IO. (State)	
24IP. (State)		24IP. (State)		24IP. (State)	
24IQ. (State)		24IQ. (State)		24IQ. (State)	
24IR. (State)		24IR. (State)		24IR. (State)	
24IS. (State)		24IS. (State)		24IS. (State)	
24IT. (State)		24IT. (State)		24IT. (State)	
24IU. (State)		24IU. (State)		24IU. (State)	
24IV. (State)		24IV. (State)		24IV. (State)	
24IW. (State)		24IW. (State)		24IW. (State)	
24IX. (State)		24IX. (State)		24IX. (State)	
24IY. (State)		24IY. (State)		24IY. (State)	
24IZ. (State)		24IZ. (State)		24IZ. (State)	
24JA. (State)		24JA. (State)		24JA. (State)	
24JB. (State)		24JB. (State)		24JB. (State)	
24JC. (State)		24JC. (State)		24JC. (State)	
24JD. (State)		24JD. (State)		24JD. (State)	
24JE. (State)		24JE. (State)		24JE. (State)	
24JF. (State)		24JF. (State)		24JF. (State)	
24JG. (State)		24JG. (State)		24JG. (State)	
24JH. (State)		24JH. (State)		24JH. (State)	
24JI. (State)		24JI. (State)		24JI. (State)	
24JJ. (State)		24JJ. (State)		24JJ. (State)	
24JK. (State)		24JK. (State)		24JK. (State)	
24JL. (State)		24JL. (State)		24JL. (State)	
24JM. (State)		24JM. (State)		24JM. (State)	
24JN. (State)		24JN. (State)		24JN. (State)	
24JO. (State)		24JO. (State)		24JO. (State)	
24JP. (State)		24JP. (State)		24JP. (State)	
24JQ. (State)		24JQ. (State)		24JQ. (State)	
24JR. (State)		24JR. (State)		24JR. (State)	
24JS. (State)		24JS. (State)		24JS. (State)	
24JT. (State)		24JT. (State)		24JT. (State)	
24JU. (State)		24JU. (State)		24JU. (State)	
24JV. (State)		24JV. (State)		24JV. (State)	
24JW. (State)		24JW. (State)		24JW. (State)	
24JX. (State)		24JX. (State)		24JX. (State)	
24JY. (State)		24JY. (State)		24JY. (State)	
24JZ. (State)		24JZ. (State)		24JZ. (State)	
24KA. (State)		24KA. (State)		24KA. (State)	
24KB. (State)		24KB. (State)		24KB. (State)	
24KC. (State)		24KC. (State)		24KC. (State)	
24KD. (State)		24KD. (State)		24KD. (State)	
24KE. (State)		24KE. (State)		24KE. (State)	
24KF. (State)		24KF. (State)		24KF. (State)	
24KG. (State)		24KG. (State)		24KG. (State)	
24KH. (State)		24KH. (State)		24KH. (State)	
24KI. (State)		24KI. (State)		24KI. (State)	
24KJ. (State)		24KJ. (State)		24KJ. (State)	
24KK. (State)		24KK. (State)		24KK. (State)	
24KL. (State)		24KL. (State)		24KL. (State)	
24KM. (State)		24KM. (State)		24KM. (State)	
24KN. (State)		24KN. (State)		24KN. (State)	
24KO. (State)		24KO. (State)		24KO. (State)	
24KP. (State)		24KP. (State)		24KP. (State)	
24KQ. (State)		24KQ. (State)		24KQ. (State)	
24KR. (State)		24KR. (			



512  
52 8591BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8591

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Tanofsky, Jacob</i>			2. DATE OF DEATH <i>9-16-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>13-11</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>3500 Hilton Rd</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-5-1875</i>	9. AGE (in years last birthday) <i>76</i>	10. Under 1 Year Months: <i>9</i> Days: <i>11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unknown</i>			11. BIRTHPLACE (State or foreign country) <i>Russia</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Moses Tanofsky</i>			14. MOTHER'S MAIDEN NAME <i>Ganessi</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT <i>Hospital Chart</i>		

18. <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Pulmonary Embolus</i> DUE TO <i>(B) Hypertension Cardio Vascular Disease</i> DUE TO <i>(C) Carcinoma of the Urinary Bladder 1/4</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>9-15-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Urinary Bladder</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *19* to *9/16*, 1952, that I last saw the deceased alive on *9/15*, 1952, and that death occurred at *5:32* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>J. J. Sundler</i>	23B. ADDRESS <i>Franklin Square Hosp.</i>	23C. DATE SIGNED <i>9/16/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/17/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Windsor Mill Rd</i>	24D. LOCATION (City, town, or county) (State) <i>Bald. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jack Lewis Inc.</i>	ADDRESS <i>- 2100 Eutaw Pl</i>
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550

52 8592

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8592

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs Fanny Simon</i>		2. DATE OF DEATH <i>9-16-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levindale</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-03</i>	
C. Length of stay in Baltimore <i>50</i> Yrs. <i>Mon</i> Days		D. STREET ADDRESS (If rural, give location) <i>13140 Collington Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7/5</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Not known</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Edith Vanger - 4129 Park Hgts</i>		ADDRESS	

18. *331X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral hemorrhage*  
DUE TO

*6 days*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cerebral Arteriosclerosis*  
DUE TO

*years*

(C) *General Arteriosclerosis*  
DUE TO

*years*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9-11*, 1952, to *9-16*, 1952, that I last saw the deceased alive on *9-16*, 1952, and that death occurred at *7:35 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

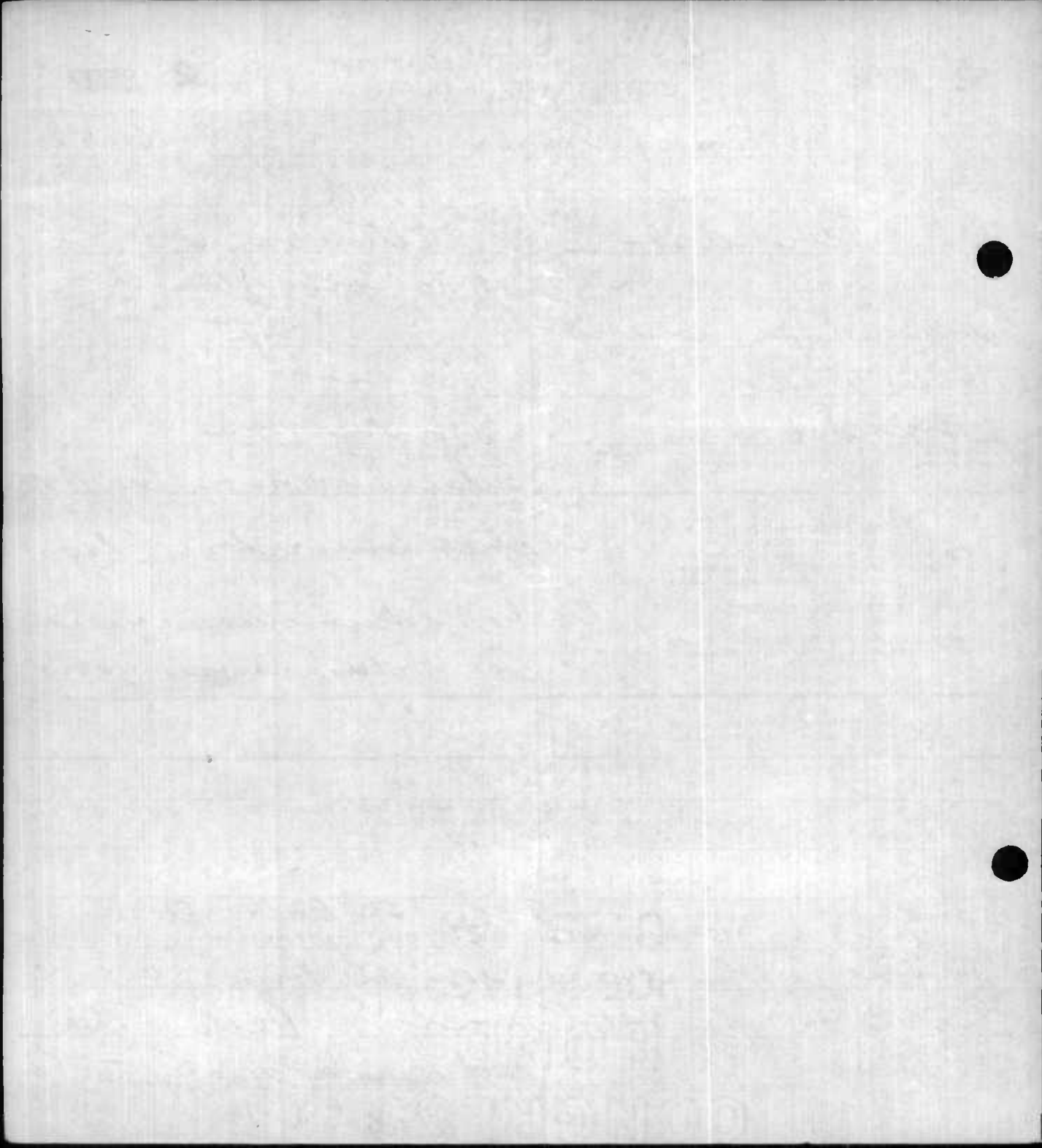
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1952 0008587



52 8593

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8593

BIRTH NO. 52-20837

1. NAME OF DECEASED  
(Type or Print)

Chancey Belmont Sampson

2. DATE  
OF  
DEATH

9-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

20-01

D. STREET ADDRESS (If rural, give location)

439 Pulaski St.

c. Length of stay in Baltimore

3 hrs 30 min

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-7-52

9. AGE (In years,  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

3 30

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wallace L. Woodward Sampson

14. MOTHER'S MAIDEN NAME

Doris Colvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 769.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Prematurity (14 wks)

Maternal Severe pre-eclampsia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9/7, 1952, that I last saw the  
deceased alive on 9/7, 1952, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL SEP 11 1952

8028

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Date of registration		12. Registrar's office	
13. Name of funeral home		14. Address of funeral home		15. Date of burial		16. Burial place	
17. Name of cemetery		18. Address of cemetery		19. Date of interment		20. Interment place	
21. Name of church		22. Address of church		23. Date of service		24. Service place	
25. Name of minister		26. Address of minister		27. Date of service		28. Service place	
29. Name of sexton		30. Address of sexton		31. Date of service		32. Service place	
33. Name of undertaker		34. Address of undertaker		35. Date of service		36. Service place	
37. Name of casket		38. Address of casket		39. Date of service		40. Service place	
41. Name of coffin		42. Address of coffin		43. Date of service		44. Service place	
45. Name of shroud		46. Address of shroud		47. Date of service		48. Service place	
49. Name of pall		50. Address of pall		51. Date of service		52. Service place	
53. Name of bier		54. Address of bier		55. Date of service		56. Service place	
57. Name of casket		58. Address of casket		59. Date of service		60. Service place	
61. Name of coffin		62. Address of coffin		63. Date of service		64. Service place	
65. Name of shroud		66. Address of shroud		67. Date of service		68. Service place	
69. Name of pall		70. Address of pall		71. Date of service		72. Service place	
73. Name of bier		74. Address of bier		75. Date of service		76. Service place	
77. Name of casket		78. Address of casket		79. Date of service		80. Service place	
81. Name of coffin		82. Address of coffin		83. Date of service		84. Service place	
85. Name of shroud		86. Address of shroud		87. Date of service		88. Service place	
89. Name of pall		90. Address of pall		91. Date of service		92. Service place	
93. Name of bier		94. Address of bier		95. Date of service		96. Service place	
97. Name of casket		98. Address of casket		99. Date of service		100. Service place	

52 8594  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8594  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>LEVY (LEVI) DAVISON</b>		2. DATE OF DEATH <b>September 11, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-03</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1026 N. Gilmore Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 4, 1913</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waiter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Park Plaza</b>	9. AGE (In years last birthday) <b>39</b>
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <b>Brent, Ala</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Chanie Jamison</b>	
17. INFORMANT <b>Ester Davidson</b>		ADDRESS <b>414 Adams St.</b>	

18. <b>E 982 x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Stab wound of chest</b> (A) <del>XXXXXX</del>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Massive intrathoracic hemorrhage</b> (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>Sept. 11, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>Autopsy</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1026 N. Gilmore Street</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 11, 1952 2:30 A.M.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Sharp instrument</b>

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	23C. DATE SIGNED <b>Sept. 11, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-17-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		25. FUNERAL DIRECTOR <b>C.R. Law 802 Madison ave.</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 17 1952</b>	REGISTRAR'S SIGNATURE <i>William H. [Signature]</i>	25. FUNERAL DIRECTOR <b>C.R. Law 802 Madison ave.</b>
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52 8595BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8595  
Registered No.

BIRTH NO. 52-20626

1. NAME OF DECEASED (Type or Print) <u>Baby Roy Mason</u>			2. DATE OF DEATH <u>9/8/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>X</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>25-05</u>		
6. LENGTH OF STAY IN BALTIMORE <u>Mother - 10</u>			D. STREET ADDRESS (If rural, give location) <u>4702 Vessell Ct.</u>		
7. SEX <u>Male</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	10. DATE OF BIRTH <u>9/8/52</u>	11. AGE (In years last birthday) <u>10</u>	12. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <u>John C. Mason</u>			14. MOTHER'S MAIDEN NAME <u>Mildred Reynolds</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <u>776 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>UNKNOWN -</u> DUE TO (B) <u>UNKNOWN -</u> DUE TO (C) <u>PREMATURITY.</u>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <u>9/8/52</u>	19B. MAJOR FINDINGS OF OPERATION <u>PREMATURITY.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>9/8/52</u> , 19 <u>52</u> , to <u>9/8/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/8/52</u> , 19 <u>52</u> , and that death occurred at <u>6:25 A.</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>W. M. Conway</u>	23B. ADDRESS <u>South Baltimore 1000p.</u>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>	24D. LOCATION (City, town, or county) (State) <u>SEP 11 1952</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 11 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	ADDRESS



52 8596  
REA-162675BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8596  
Registered No.

BIRTH NO. 52-27581

1. NAME OF DECEASED (Type or Print)		Baby Boy Scott-Minnie		2. DATE Sept. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01			
5. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1327 Edmondson Avenue			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 2, 1952	9. AGE (In years last birthday)	10. Under 1 Year Months: Days 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Keating		14. MOTHER'S MAIDEN NAME Minnie Scott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 776 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Prematurity DUE TO	INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1952, to 9-2, 1952, that I last saw the deceased alive on 9-2, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 9-4-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 9-3-52	24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS
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52 8597  
JL- 161690

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8597  
Registered No. \_\_\_\_\_

BIRTH NO. 52-18144

1. NAME OF DECEASED (Type or Print) <b>Baby Girl- Wilson -adele "A"</b>		2. DATE OF DEATH <b>9-5-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>34 days</b>		D. STREET ADDRESS (If rural, give location) <b>816 N. Monroe St. -17</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug 3, 1952</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>34</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>James Palmer</b>	
14. MOTHER'S MAIDEN NAME <b>Adele Wilson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>	

18. <b>764.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Diarrhea</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) ..... (B) ..... (C) .....	INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Aug. 3</b> , 19 <b>52</b> , to <b>Sept. 5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Sept. 5</b> , 19 <b>52</b> , and that death occurred at <b>12.05 AM</b> from the causes and on the date stated above.				
23A. SIGNATURE <b>Huntington Williams, M.D.</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>9-9-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>	24B. DATE <b>9-9-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>B. C. H. Crematory</b>	24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 17 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>B. C. H. Crematory</b>	ADDRESS <b>4940 Eastern Ave.</b>
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UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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52 8598

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8598  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bertha Blanche Evans</i>		2. DATE OF DEATH <i>9-15-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>13-02</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10</i>	
D. STREET ADDRESS (If rural, give location) <i>717 Reservoir St.</i>			
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>Sept. 16, 1891</i>	
9. AGE (In years last birthday) <i>60</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Joseph Montalione</i>		14. MOTHER'S MAIDEN NAME <i>Alice Severe</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Charles Evans</i>		ADDRESS <i>15 Westland Rd.</i>	

18. *4/10 X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) *Rheumatic Heart Dis. mitral*  
DUE TO *deformity of Mitral Valve + Annular Filiculation*

(B) *Rheumatic Fever*  
DUE TO

(C)

*yes**no*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9-15-52*, 19*52*, to *9-16-52*, 19*52*, that I last saw the deceased alive on *9-15-52*, 19*52*, and that death occurred at *6:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**9/18/52**Parkwood Cem.**Balto., Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 17 1952**Huntington Williams, M.D.**Wm. J. Pickens & Sons*

VS 150

*195200785 Balto 17, Md.*

MEDICAL CERTIFICATION

correct age is especially important. Physicians - please write the causes of death clearly and legibly.



340  
52 8599

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8599  
Registered No.

BIRTH NO. 52-25404

1. NAME OF DECEASED (Type or Print) Baby Boy Little

2. DATE OF DEATH Sep. 11/1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04

7. STREET ADDRESS (If rural, give location) 2014 Orleans St

8. DATE OF BIRTH 9-11-52

9. AGE (In years last birthday) 3

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Little

14. MOTHER'S MAIDEN NAME Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

INTERVAL BETWEEN ONSET AND DEATH 3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity

19A. DATE OF OPERATION 9-11-52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1952, to Sept. 11, 1952, that I last saw the deceased alive on Sept. 11, 1952, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE William Perry

23B. ADDRESS M. D. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 9-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 9-11-52

24C. NAME OF CEMETERY OR CREMATORY Hosp. Disposal

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR SEP 17 1952

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

52 8599

Hospital Disposal

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

BIRTH NO.

Registered No.

1. NAME OF DECEASED  
(Type or Print)

Infant of Viola Boston

(221585)

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1607 Young Court - 5

Length of stay in Baltimore

Infant

Yrs.  
Mos.  
Days

5. SEX  
Male

6. COLOR OR RACE  
Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

July 22, 1952

9. AGE (In years last birthday)

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

6 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Irving Scott

14. MOTHER'S MAIDEN NAME

Viola Boston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 776x I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK AT WORK ☐

22. I hereby certify that I attended the deceased from July 22, 1952 to July 22, 1952, that I last saw the deceased alive on July 22, 1952 and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Grenth Busby

M. O.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

8/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

(20-100)

20-100



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

52 8601

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Infant of Catherine Saunders (205310)

2. DATE  
OF  
DEATH

August 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY \_\_\_\_\_

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 8-06

D. STREET ADDRESS (If rural, give location)  
1615 North Bond Street - 13

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
-

8. DATE OF BIRTH

August 9, 1952

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min. 10 15

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY  
-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Saunders

14. MOTHER'S MAIDEN NAME

Catherine Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 776 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Prematurity DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 9, 1952 to August 9, 1952 that I last saw the deceased alive on August 9, 1952, and that death occurred at 9.00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry Busby

M. D.

The Johns Hopkins Hospital

8/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

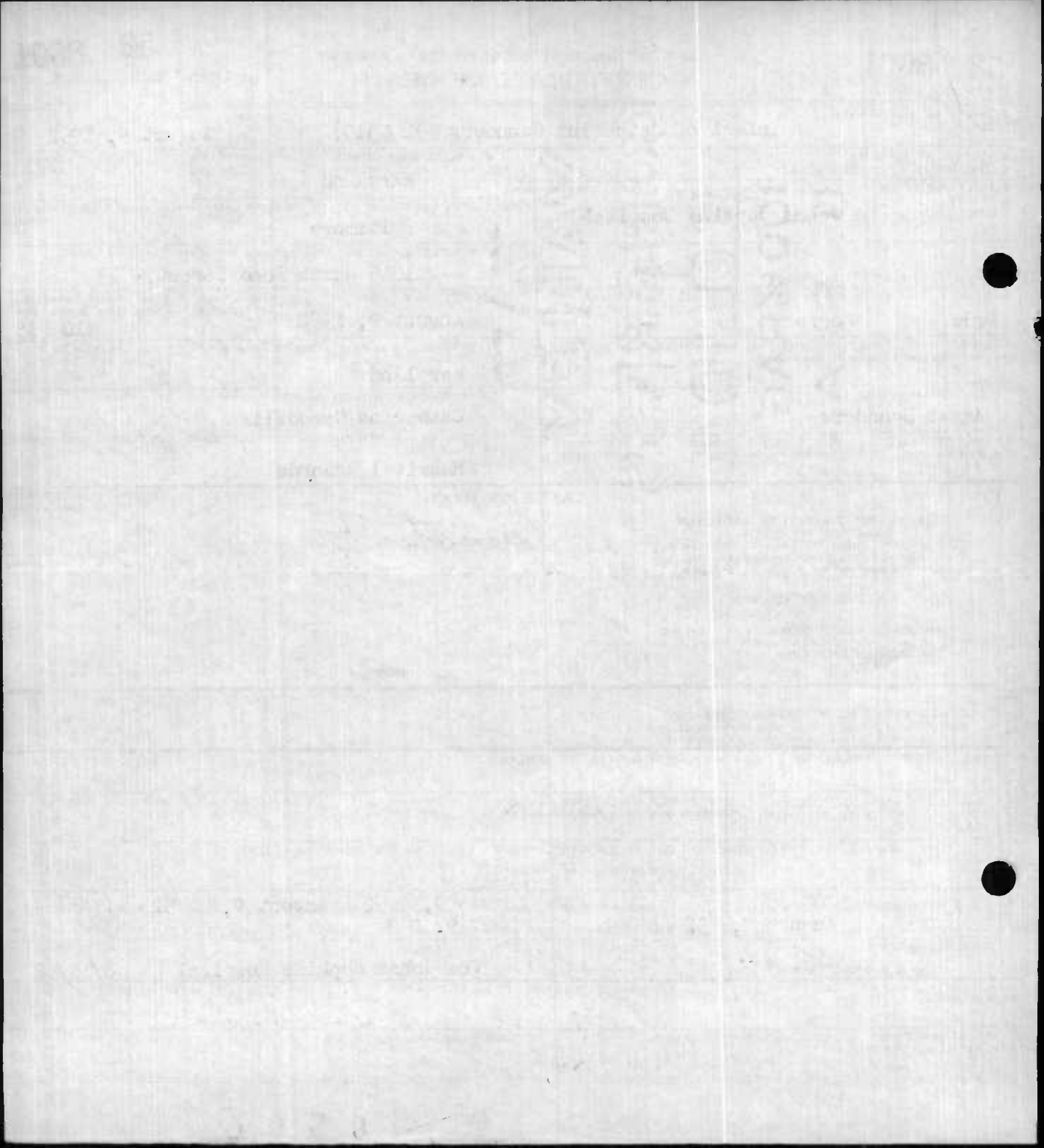
25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1952

Huntington Williams, M.D.

Hosp Disposal



52 8602

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8602

BIRTH NO.

52-27778

1. NAME OF DECEASED  
(Type or Print)

Baby Boy O'Neil

2. DATE  
OF  
DEATH

Sept. 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

H.R. Pre

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

1742 C. Baltimore St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-6-52

9. AGE (in years  
last birthday)If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.

14

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lewis O'Neil

14. MOTHER'S MAIDEN NAME

Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

1B. 760.5 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Intracranial  
Hemorrhage

14 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

Life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9/6, 1952 to 9/7, 1952, that I last saw the  
deceased alive on 9/7, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

9-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

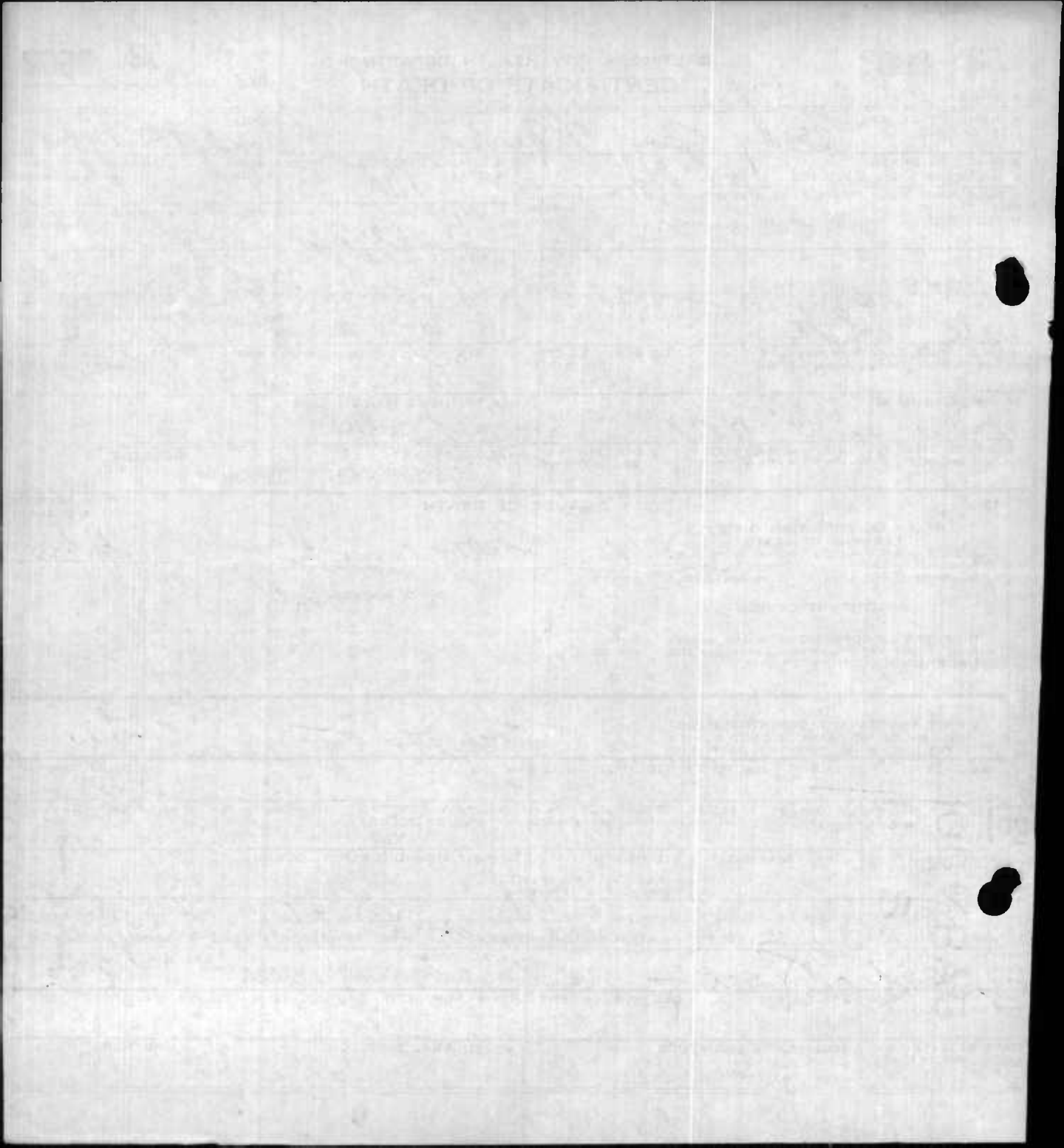
SEP 17 1952

Huntington Williams, M.D.

VS 150

Hospital Disposal 2000 6597

MEDICAL CERTIFICATION



52 8603

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8603

Registered No.

BIRTH NO. 52-23813

1. NAME OF DECEASED  
(Type or Print)

Bonda Zena Garner

2. DATE  
OF  
DEATH

Sept-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

H. H.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

834- S. Sharp St.

C. Length of stay in Baltimore

18 hrs. Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept-3-52

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Garner

14. MOTHER'S MAIDEN NAME

Gresser

Garner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Physician

ADDRESS

834 S. Sharp St.

18. 754.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Multiple Congenital Anomalies & his  
Nais Rsp. - cleft Palate

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

translocation of Cordia  
Enlarged Patent Ductus

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-52 to 9-3-52, 1952 that I last saw the  
deceased alive on 9-3-52, 1952 and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. L. Weaver

23B. ADDRESS

834 S. Sharp St.

23C. DATE SIGNED

9-5-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-4-52

24C. NAME OF CEMETERY OR CREMATORY

Autopsy - complete - disposal. Johns Hopkins Hosp.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1952

1000

1990



463

52 8604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 8604

BIRTH NO. 52-21666

1. NAME OF DECEASED (Type or Print) Baby Girl Bolyard

2. DATE OF DEATH 9/16, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) B. COUNTY Anne Arundel

5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hosp

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Suburban

7. STREET ADDRESS (If rural, give location) Cedar Ave 5200

8. Length of stay in Baltimore

9. SEX female

10. COLOR OR RACE white

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH 9/15, 1952

13. AGE (In years last birthday) 1 da.

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Baltimore, Maryland

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME James Bolyard

21. MOTHER'S MAIDEN NAME Myrtle Loan

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS St. Agnes Hospital Records

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION 0

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY? YES NO

33. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

34. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

37. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

38. 21F. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from 9-15, 1952 to 9-16, 1952, that I last saw the deceased alive on 4-16, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

40. 23A. SIGNATURE

41. 23B. ADDRESS St. Agnes Hospital

42. 23C. DATE SIGNED 9-17-52

43. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

44. 24B. DATE Sept. 17, 1952

45. 24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

46. 24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Maryland

47. DATE RECEIVED BY LOCAL REGISTRAR SEP 17 1952

48. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

49. 25. FUNERAL DIRECTOR ADDRESS George J. Gonce 4001 Ritchie Hwy Baltimore 25, Maryland

VS 150

1520008599

1000

52

BATTALION OF HEAVY DEPARTMENT  
CENTRE OF DEPT.

1000

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*[Faint, illegible handwritten text, possibly a list or report]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8605  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Rebecca Allen</b>			2. DATE OF DEATH <b>Sept. 12, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1517 Presstman St.</b>			C. CITY <b>Balto.</b> (If outside corporate limits, write RURAL and give township)		
D. STREET ADDRESS (If rural, give location) <b>1517 Presstman St.</b>					
c. Length of stay in Baltimore <b>life</b>			Yrs. _____ Mos. _____ Days _____		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Apr 17, 1861</b>		9. AGE (In years last birthday) <b>91</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT ADDRESS <b>Albert Allen 1517 Presstman St.</b>		

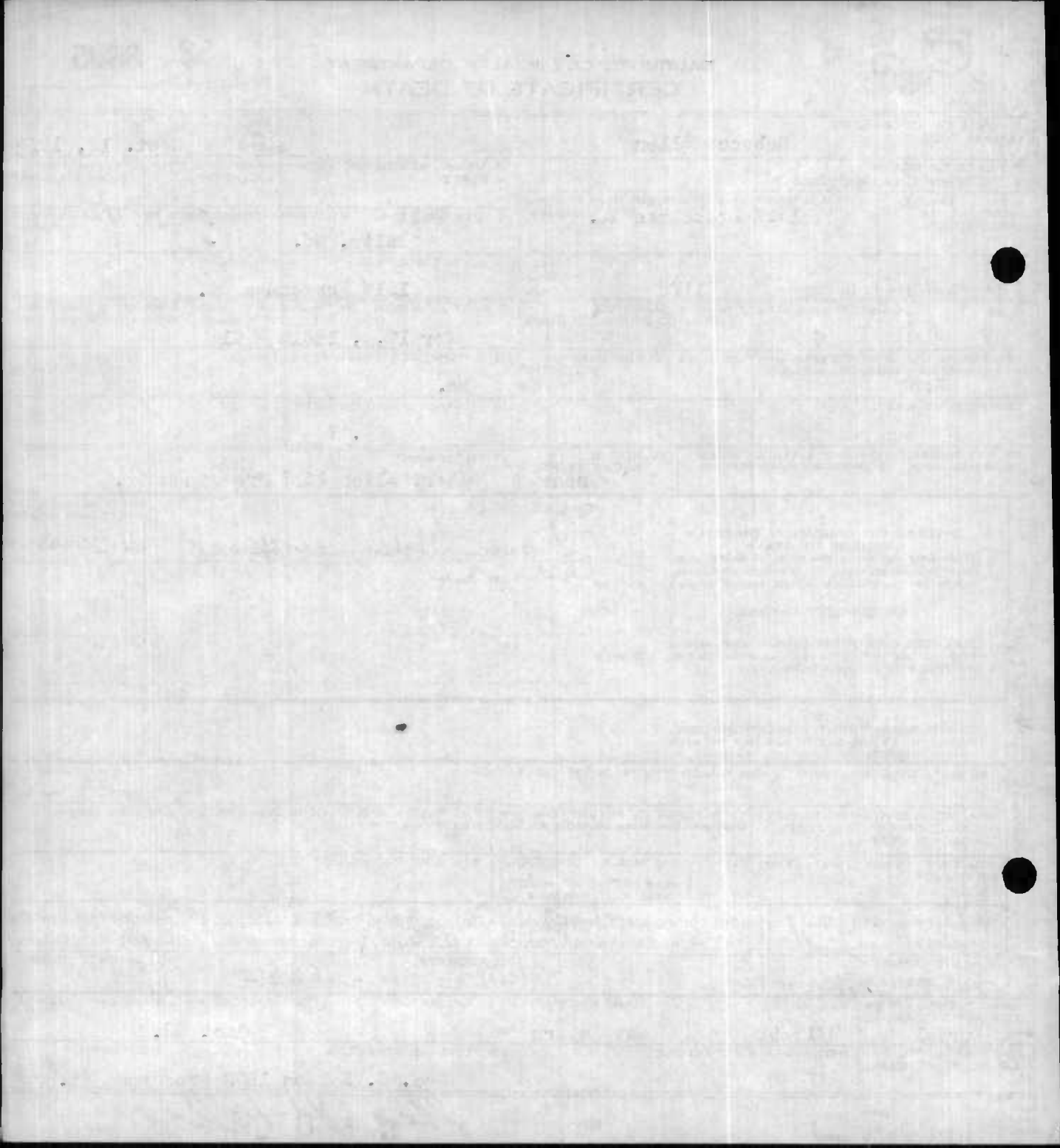
18. <b>421.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Chronic Valvular Heart Disease</b>		CAUSE OF DEATH <b>Chronic Valvular Heart Disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 years.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO _____	
		(B) DUE TO _____	
		(C) DUE TO _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 2, 1952</b> , to <b>Sept. 12, 1952</b> , that I last saw the deceased alive on <b>9-11-</b> , 19 <b>52</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.					
23. SIGNATURE <b>Geo. G. Kelson</b>		23B. ADDRESS <b>1816 N. Mount St.</b>		23C. DATE SIGNED <b>9-17-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/17/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Ht Auburn</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Geo. G. Kelson 1303 Presstman St.</b>	
VS 150		<div style="text-align: right;"> <b>195202</b>  <b>Geo. G. Kelson</b> </div>			

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION





NOT A MEDICAL EXAMINER'S CASE  
JUL 10 1964  
MEDICAL EXAMINER

Investigation completed

(Signature)



312

52 8607

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8607

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN JAMES STIPSAK

2. DATE  
OF  
DEATH

SEPT 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

9-04

D. STREET ADDRESS (If rural, give location)

624 E. 30TH ST. #18

c. Length of stay in Baltimore

46 yrs.

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

MALE

WHITE

MARRIED

MAY 26, 1894

58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAKER

10B. KIND OF BUSINESS OR INDUSTRY

Koester's Bakery

11. BIRTHPLACE (State or foreign country)

CZECHO-SLOVAKIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

PAUL STIPSAK

14. MOTHER'S MAIDEN NAME

MARIA DURAK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

UNKNOWN

17. INFORMANT

ADDRESS

PATIENT

18. 470.1 and 581.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

3 HRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CORONARY ARTERIOSCLEROSIS

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

LAENNEC'S CIRRHOSIS, ESOPHAGEAL VARICES

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from SEPT 14, 1952 to SEPT 15, 1952 that I last saw the deceased alive on SEPT 15, 1952 and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

UNION MEMORIAL HOSPITAL

SEPT 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 18, 1952

Oak Hill Cemetery

Horner's Lane, Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

1 9 5520047 0 8 6 0 2

MEDICAL CERTIFICATION

correct age is 58

1943

STATE OF TEXAS

COUNTY OF DALLAS

1943

Blank lined page with two binder holes on the right side.

432  
533 8608BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8608  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)LEO J. Zmudziejewski  
SCHULTZ2. DATE  
OF  
DEATH

9/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONMerry Hospital  
Life

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

4/23/07

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR  
INDUSTRY

Glenn L. Martin Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank J. Schultzy Zmudziejewski

14. MOTHER'S MAIDEN NAME

Josephine Chnielewska

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Mediastinitis

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TOVenous Pneumothorax  
Empyema old.1 1/2 days  
monthsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/11/52

19B. MAJOR FINDINGS OF OPERATION

Empyema - narrowing bronchus and atelectasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952, to 9/14, 1952, that I last saw the  
deceased alive on 9/14, 1952, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23 Rev. J. M. D.

Merry Hospital

9/14/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cem.

24D. LOCATION (City, town, or county)

1300 Dundalk Ave., Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Incl  
26010305 E. Madison St.

ADDRESS

2000-01-01

DATE OF DECLASSIFICATION

11-24-51

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE OF DECLASSIFICATION

2000-01-01

11-24-51

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8609**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOSEPH DOUSA**

2. DATE  
OF  
DEATH

**Sept. 14, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2501 Jefferson St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**2501 Jefferson St.**

c. Length of stay in Baltimore

**50 yrs.**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH

**Feb. 3, 1883**

9. AGE (In years last birthday)

**69**

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Sheet Metal Worker**

10B. KIND OF BUSINESS OR INDUSTRY  
**Own Business**

11. BIRTHPLACE (State or foreign country)

**Czechoslovakia**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**unknown**

14. MOTHER'S MAIDEN NAME

**unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Rose Doussa, Wife, Above**

18.

**443X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

**Sept 13 52**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension Cardio-**

DUE TO

**Vascular disease**

(C)

**1/19/57**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Aug 1, 1952** to **Sept 14, 1952**, that I last saw the deceased alive on **Sept 14, 1952**, and that death occurred at **6:30 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Sept. 17, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Oak Hill Cemetery**

24D. LOCATION (City, town, or county)

**Horner's Lane, Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 17 1952**

**Huntington Williams, M.D.**

**Schimunek Funeral Home, Inc.**

**2601-3-5 E. Madison St.**

DEATH CERTIFICATE

DATE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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PLACE OF DEATH



355  
52 8610

52 8610

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ella Edmonds

2. DATE  
OF  
DEATH

Sept. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1305 Division St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1305 Division St.

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.

Female

Colored

Single

Sept. 1, 1871

80

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Howard Edmonds

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Irene Lyvers 1305 Division St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Coronary Occlusion

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to Sept 15, 1952 that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

C. Mansell Lawrence

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9-19-52

Mt. Auburn Cem

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1952

Huntington Williams, M. D.

278 W. Biddle St

0138

82

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530  
52 8611BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8611  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Helen W. Smith		2. DATE OF DEATH		Sept. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				Maryland			
1620 Druid Hill Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
				Baltimore			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
				1620 Druid Hill Ave.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (in years, last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
Female	Colored	Married		Dec. 30, 1905	46		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife				Maryland		U. S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Frank Williams				Cornelia Boston			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
				Maxwell Smith		1620 Druid Hill	

18. 153 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cancer of Colon DUE TO	INTERVAL BETWEEN ONSET AND DEATH About 1 yr.
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 10-1952	Cancer Colon	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-1949 to 9-14-1952 that I last saw the deceased alive on 9-14-1952 and that death occurred at 8:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr. J. L. Williams	2224 Madison Ave.	9-17-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Burial	9-19-52	Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State)	Baltimore Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
SEP 17 1952	Dr. J. L. Williams	Jesse W. Padden
		ADDRESS 436 W. Biddle St

1188

82

810

1188

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

1188

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CERTIFICATE CORRECTED 9-24-52

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8612  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Richard T. Reed

2. DATE  
OF  
DEATH

Sept. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1411 W. Lanvale St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1411 W. Lanvale St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Aug. 16, 1875

77 76

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Minister

Virginia

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Thompson Reed

Anne Kelley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Julia A. Reed 1411 W. Lanvale

18. 44xx

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiac vessel Under renal disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 2, 1952, to Sept 13, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Garland Russell M. D.

1038 Edmondson

9-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9-18-92

Mt. Calvary Cem

Anne Arundel Co., Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1952

Huntington Williams

Mrs. Frances C. Keenley

578 W. Biddle St.

0100

32

DATE OF DEATH

0100





200  
52 REA-162685  
8613  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8613

1. NAME OF DECEASED (Type or Print)		Leonard Lewis		2. DATE OF DEATH Sept. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 19 yrs.		D. STREET ADDRESS (If rural, give location) 341 E. 22nd Street-18			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9, 1886	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Payton Lewis		14. MOTHER'S MAIDEN NAME Alice Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Records: B. C. H. 4940 Eastern Avenue	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral vascular accident 2 weeks INTERVAL BETWEEN ONSET AND DEATH		(A) DUE TO Hypertensive cardio-vascular disease (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-2, 1952, to 9-15, 1952, that I last saw the deceased alive on 9-15, 1952, and that death occurred at 12:20 P. M., from the causes and on the date stated above.					
23A. SIGNATURE H. H. Hunsley		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 9-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-18-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		DATE RECEIVED BY LOCAL REGISTRAR SEP 17 1952		REGISTRAR'S SIGNATURE H. H. Hunsley	
25. FUNERAL DIRECTOR Mrs. Frances G. Hunsley		ADDRESS 578 W. ...			

RECEIVED THE NEW YORK OFFICE  
JANUARY 10 1964



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8614**

BIRTH NO. **560 8614**

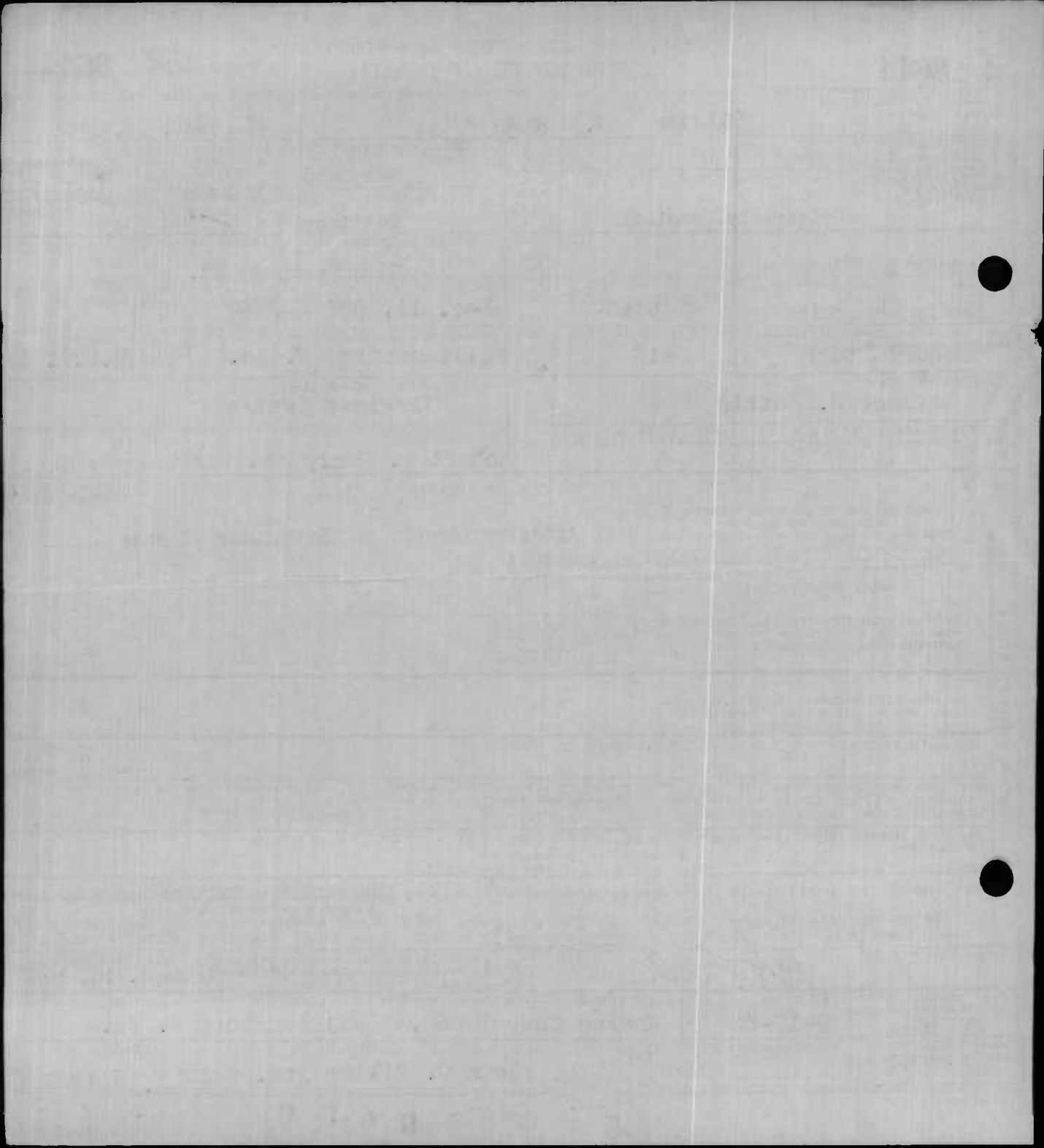
1. NAME OF DECEASED (Type or Print) <b>Lillie R. HENRY</b>		2. DATE OF DEATH <b>Sept. 15, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, give rural and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1116 Nanticoke St.</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 11, 1892</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery Store</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (In years last birthday) <b>59</b> If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
13. FATHER'S NAME <b>Wallace R. Suttle</b>		11. BIRTHPLACE (State or foreign country) <b>Williamsburg W. Va.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Virginia Settle</b>	
17. INFORMANT <b>Robert D. Henry Sr.</b>		ADDRESS <b>213 German Hill</b>	

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>9</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Sept. 16, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-19-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Andrew Chapel Cem.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 17 1952</b>		24D. LOCATION (City, town, or county) (State) <b>Williamsburg W. Va.</b>
REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>John C. Miller Inc.</b>
		ADDRESS <b>2435 E. Oliver St.</b>

1 9 5 2 290648 6 0 2



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8615  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Ada R. Campeggi*

2. DATE  
OF  
DEATH

*9-16-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

*1309 N. Milton Ave.*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Married*

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR  
INDUSTRY

*At Home*

13. FATHER'S NAME

*Herman Bennett*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

*Maryland*

C. CITY OR TOWN (If outside corporate limits, give RURAL and give  
township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*1309 N. Milton Avenue*

8. DATE OF BIRTH

*Mar. 22, 1986*

9. AGE (in years  
last birthday)

*66*

11 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*

12. CITIZEN OF  
WHAT COUNTRY?

*U. S. A.*

14. MOTHER'S MAIDEN NAME

*Esther Moses*

7. INFORMANT

ADDRESS

*John Campeggi - 1309 N. Milton Ave.*

18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Hyper-tensive Cardio Vascular Disease*

*6 years*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/7/46*, 19*52*, to *9/16*, 19*52*, that I last saw the  
deceased alive on *9/16*, 19*52*, and that death occurred at *10:40 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

*Alay Baum*

23B. ADDRESS

*15016 N. Milton Ave*

23C. DATE SIGNED

*9/17/52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*9-19-52*

24C. NAME OF CEMETERY OR CREMATORY

*Parkwood Cem.*

24D. LOCATION (City, town, or county)

*Taylor Ave. - Balto. Md.*

DATE RECEIVED BY  
LOCAL REGISTRAR

*SEP 17 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*John C. Miller Inc. - 2435 E. Olvier St.*

ADDRESS

1128

35

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1128

35





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8616**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LUTHER RAY</b>		2. DATE OF DEATH <b>Sept. 16, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>12 yrs.</b> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1712 Marshall Street</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 24 1898</b>
		9. AGE (In years last birthday) <b>54 yrs.</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sanitation dept.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>City of Balto.</b>	11. BIRTHPLACE (State or foreign country) <b>Clay County Kentucky</b>
13. FATHER'S NAME <b>Luke Ray</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>403-05-9147</b>	
15. (If yes, give war or dates of service) <b>World War I</b>		17. INFORMANT ADDRESS <b>Elizabeth Ray 1712 Marshall St.</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
II ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Sept. 15, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 18, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 17 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <b>Frederick Rd. Balto. Md.</b> <b>TRAUSE FUNERAL HOME 1216S. CHARLES ST</b>



160  
52 8617BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8617

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clara Louise Weaver

2. DATE  
OF DEATH Sept. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 W. Lexington St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Aged Women's and Aged Men's Homes

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 29, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

3 18

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John A. Stumpf

14. MOTHER'S MAIDEN NAME

Earnestean Hagerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT L.H. Read ADDRESS 1400 W. Lexington St.

18. 174x 1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Uterus, with Metastasis

8 mos

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Sept. 15, 1952, that I last saw the deceased alive on Sept. 14, 1952, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Marion Edward Day

M. D.

23B. ADDRESS

4-E-33rd St -18

23C. DATE SIGNED

Sept 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/18/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 17 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

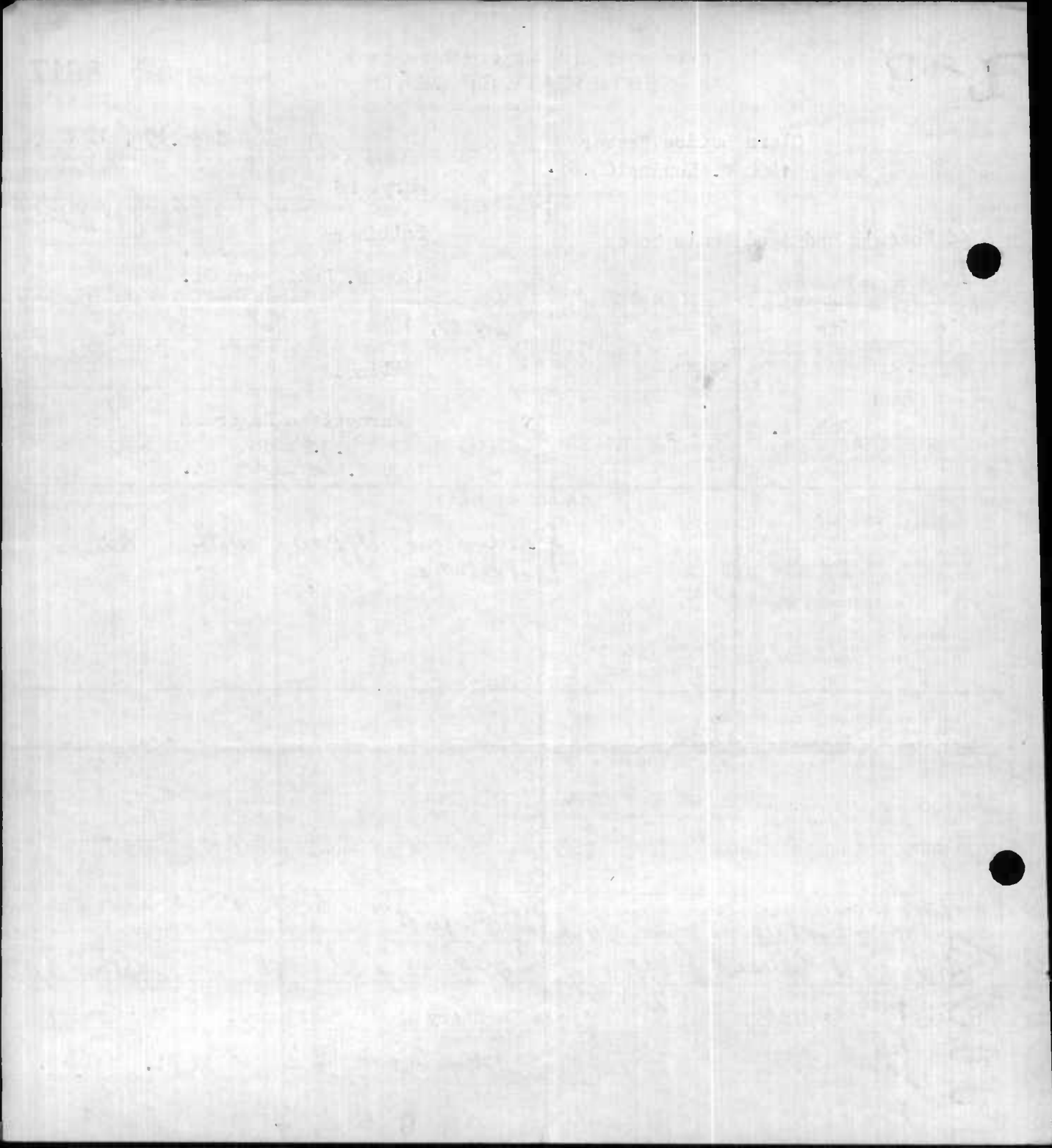
ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.

VS 150

MEDICAL CERTIFICATION  
correct age is especially important

5 4 0 0 0 8 6 1 2



362  
AB-109479

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 8618  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Modessa Strause (Modessa Strauss)

2. DATE  
OF  
DEATH

Sept. 16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural)  
Baltimore City Hospitals-  
4940 Eastern Ave.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

Dec. 19-1859

9. AGE (in years,  
last birthday)

92

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife10B. KIND OF BUSINESS OR INDUSTRY  
own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John F. Hanemann (Hanemann)

14. MOTHER'S MAIDEN NAME

Anna Grady

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMATION ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

10hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27-1947 to 9-16-1952, that I last saw the deceased alive on 9-16-1952, and that death occurred at 6.10A m., from the causes and on the date stated above.

23A. SIGNATURE

H.C. Jones, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-16-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/18/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul Street

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VETERINARY MEDICINE  
WASHINGTON, D. C.

1172-10000

<p>1. Name of Animal: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Breed: _____</p>	
<p>5. Date of Birth: _____</p>		<p>6. Date of Examination: _____</p>	
<p>7. Name of Owner: _____</p>		<p>8. Address: _____</p>	
<p>9. City: _____</p>		<p>10. State: _____</p>	
<p>11. Country: _____</p>		<p>12. Name of Veterinarian: _____</p>	
<p>13. Address: _____</p>		<p>14. City: _____</p>	
<p>15. State: _____</p>		<p>16. Country: _____</p>	
<p>17. Name of Animal: _____</p>		<p>18. Sex: _____</p>	
<p>19. Age: _____</p>		<p>20. Breed: _____</p>	
<p>21. Date of Birth: _____</p>		<p>22. Date of Examination: _____</p>	
<p>23. Name of Owner: _____</p>		<p>24. Address: _____</p>	
<p>25. City: _____</p>		<p>26. State: _____</p>	
<p>27. Country: _____</p>		<p>28. Name of Veterinarian: _____</p>	
<p>29. Address: _____</p>		<p>30. City: _____</p>	
<p>31. State: _____</p>		<p>32. Country: _____</p>	



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 8619

1. NAME OF DECEASED  
(Type or Print)

JACOB

ALTWATER

2. DATE  
OF  
DEATH

September 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5250 St. Charles Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 24 1867

9. AGE (In years last birthday)

84

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

Jacob Altrater Sr

14. MOTHER'S MAIDEN NAME

Katherine Eiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Altrater, 5250 St Charles

18. 4-2-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☒

Sept. 17, 1952

M.D. MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1952

Huntington Williams, M.D.

Loring Lyons, 5008 Th. Hyatt

313

RECEIVED

313

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8620**

BIRTH NO. **400**

1. NAME OF DECEASED  
(Type or Print) **Bruce Calo**

2. DATE OF DEATH **September 16, 1952**  
A. STATE **md.** B. COUNTY **before admission**

3. PLACE OF DEATH:  
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**JOHNS HOPKINS HOSPITAL**

c. Length of stay in Baltimore **Life** Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

C. CITY OR TOWN **Baltimore** (If outside corporate limits, give RURAL and give township)

D. STREET ADDRESS (If rural, give location)

**2012 Portugal St**

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **single**

8. DATE OF BIRTH **8-16-51** 9. AGE (In years last birthday) **1** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY **infant**

11. BIRTHPLACE (State or foreign country) **Baltimore**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **John Calo**

14. MOTHER'S MAIDEN NAME **Rose A. McNew**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **JOHNS HOPKINS HOSPITAL** ADDRESS ☒

18. **057.0 I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Menigeococcal Meningitis**  
DUE TO

**2 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-15**, 1952, to **9-16**, 1952, that I last saw the deceased alive on **9-16**, 1952, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Neil H. Sims**

23B. ADDRESS **JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED **9/16/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **9-20-52**

24C. NAME OF CEMETERY OR CREMATORY **Oak Lawn**

24D. LOCATION (City, town, or county) (State) **Balto - Md**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 17 1952** REGISTRAR'S SIGNATURE **H. J. Williams, Jr.**

25. FUNERAL DIRECTOR **Lilly & Ziehl** ADDRESS **403 S. Wolfe Street**

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1932

TO THE SECRETARY OF THE INTERIOR  
WASHINGTON, D. C.

FROM THE DIRECTOR OF THE BUREAU OF LAND MANAGEMENT  
SALT LAKE CITY, UTAH

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8621**

1. NAME OF DECEASED  
(Type or Print)

*Nell Russell*

2. DATE OF DEATH

*Sep. 15, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Dist 3*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Md*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 1-05*

D. STREET ADDRESS (If rural, give location)

*2113 E. Baltimore St.*

c. Length of stay in Baltimore

*Life*

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*June 14, 1919*

9. AGE (In years last birthday)

*33*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*at Home*

13. FATHER'S NAME

*Walter Sawyer*

11. BIRTHPLACE (State or foreign country)

*Balto - Md.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

14. MOTHER'S MAIDEN NAME

*Archie Forbes*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*

18. *Cor x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hemoptysis with asphyxia*

DUE TO

*1 week*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Far-advanced pulmonary tuberculosis*

DUE TO

*2 years*

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/8* 19*52*, to *9/15* 19*52*, that I last saw the deceased alive on *9/15* 19*52*, and that death occurred at *11:10 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

*Laurie E. Shuman*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*9-16-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial*

*9-19-52*

*Parkwood*

*Balto - Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 17 1952*

*Huntington Williams*

*1511 E. 4th St. - 4031*

VS 150

*19520008610*

correct age is especially important. Physicians, please use

MEDICAL CERTIFICATION





300  
52 8622

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8622  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lewis Pitt Jr.</i>		2. DATE OF DEATH <i>Sept. 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dist 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>319 W. 28th St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5/11/1904</i>	9. AGE (In years last birthday) <i>48</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stevedore</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shipping</i>		11. BIRTHPLACE (State or foreign country) <i>N.C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Lewis Pitt</i>		14. MOTHER'S MAIDEN NAME <i>Martha Robinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO NONE</i>		16. SOCIAL SECURITY NO. <i>215-01-7940</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Hypertensive arteriosclerotic cardiovascular disease</i> CAUSE TO <i>(B) DUE TO</i> <i>(C)</i>	CAUSE OF DEATH <i>Hypertensive arteriosclerotic cardiovascular disease</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9-2-*, 19*52*, to *9-14-*, 19*52*, that I last saw the deceased alive on *9-14-*, 19*52*, and that death occurred at *11:25 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John L. Hedstrom</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>9-14-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>9/21/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>TARBORO, CEMETERY</i>	
24D. LOCATION (City, town, or county) (State) <i>TARBORO, N.C.</i>		25. FUNERAL DIRECTOR <i>Charles Stofa</i>		ADDRESS <i>512 Annetta Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

940 550 8617

5538 SF

DEPARTMENT OF DEFENSE

ATTENTION

DATE

TIME

LOCATION

WEATHER

MOON

WIND

TEMP

HUMIDITY

SEA

SWELL

WAVE

STATE

REMARKS

REMARKS

REMARKS

200  
52 8623BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8623

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS. MARGARET DICK

2. DATE  
OF  
DEATH

9-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give to nearest city)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4511 MAINFIELD AVE

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

MAY 16, 1876

76

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Matthews

14. MOTHER'S MAIDEN NAME

ANNIE WALKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4511

Miss Margaret Dick - Mainfield

18. 470.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Angiocardiosclerosis

DUE TO

(C)

Pneumonitis, left

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10 1952 to 9-14 1952 that I last saw the deceased alive on 9-14 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Phillips

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

9-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1952

Huntington Williams, M.D.

J. Luck

5305 Harford Rd

VS 150

52008610

correct age is especially important. Physicians: please write the cause of death.

MEDICAL CERTIFICATION

2003

5

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

100-100000



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8624**

BIRTH NO. **512**

1. NAME OF DECEASED  
(Type or Print) **Marie Kempster**

2. DATE OF DEATH **9/17/52**

3. PLACE OF DEATH  
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**Lutheran Hosp. of Md.**

C. Length of stay in Baltimore **2**

5. SEX **F**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Md.** B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore, Md.**

D. STREET ADDRESS (If rural, give location)  
**9411 Herford Rd. 5300**

8. DATE OF BIRTH **Dec. 8, 1914**

9. AGE (In years last birthday) **37**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)  
**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY  
**own home**

11. BIRTHPLACE (State or foreign country)  
**Balt. Co. Md.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME  
**Fredk. Mauser**

14. MOTHER'S MAIDEN NAME  
**Marion Anderson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT ADDRESS  
**Mr. C. H. Kempster, 9411 Herford Rd.**

18. **176X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

OE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OE TO

**II**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **7/16/52**

19B. MAJOR FINDINGS OF OPERATION  
**Ca of vagina**

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**0**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/14, 1952** to **9/17, 1952** that I last saw the deceased alive on **9/17, 1952** and that death occurred at **5-45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE  
**J. O. Weyers**

M. O.

23B. ADDRESS  
**Lutheran Hosp of Md**

23C. DATE SIGNED  
**9/17/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**

24B. DATE  
**Sept. 20, 1952**

24C. NAME OF CEMETERY OR CREMATORY  
**Barberwood**

24D. LOCATION (City, town, or county) (State)  
**Balt. Md.**

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 17 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR  
**Lorraine Funeral Home - 7401 Belair Rd.**

ADDRESS

1948

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CERTIFICATE OF DEATH

1948



CERTIFICATE CORRECTED 10/6/52 ES  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

52 8625  
Registered No.

YMC-15505  
52 8625  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>David Wright</b>		2. DATE OF DEATH <b>9-14-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>B. C. H. 4940 Eastern Ave.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>March 25, 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>70</b>
13. FATHER'S NAME <b>James ? (D)</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <b>Susan Briscoe</b>		17. INFORMANT ADDRESS <b>Records: B. C. H. 4940 Eastern Ave.</b>	

18. <b>150 x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Esophagus</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH <b>Carcinoma of Esophagus</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>8-31-52</b>	19B. MAJOR FINDINGS OF OPERATION <b>Ca. of Esophagus with Mediastinal Metastasis</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-22-**, 19**36** to **9-14-**, 19**52**, that I last saw the deceased alive on **9-14-**, 19**52**, and that death occurred at **4:55A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>H. E. Johnson</b>	23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>9-17-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>sep 18</b>	24B. DATE <b>sep 18</b>	24C. NAME OF CEMETERY OR CREMATORY <b>My Ruben</b>
24D. LOCATION (City, town or county) (State) <b>Baltimore Md</b>	25. FUNERAL DIRECTOR <b>Huntington Williams, M.P.</b>	25. FUNERAL DIRECTOR ADDRESS <b>918 Duffell Ave</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 17 1952</b>		

CERTIFICATE OF DEATH

1. Name of Deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Date of Death: \_\_\_\_\_

6. Place of Death: \_\_\_\_\_

7. Cause of Death: \_\_\_\_\_

8. Signature of Physician: \_\_\_\_\_

9. Signature of Registrar: \_\_\_\_\_

10. Date of Registration: \_\_\_\_\_

400  
52 8626BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8626

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		GEORGE W. WILEY		2. DATE OF DEATH		Sept. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3204 Fait Ave.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3204 Fait Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 11, 1875	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Wiley				14. MOTHER'S MAIDEN NAME Mary Nitzel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-01-8445		17. INFORMANT ADDRESS Anna M. Chivaler 3204 Fait Ave.			
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Thrombosis (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Atherosclerotic heart disease (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH Sudden			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
10. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK					
22. I hereby certify that I attended the deceased from 9-15 1952, that I last saw the deceased alive on 9-15, 1952, and that death occurred at 6:00 P.M. from the causes and on the date stated above.							
23A. SIGNATURE David Schneider				23B. ADDRESS 1101 N. Milton Ave. M. D.		23C. DATE SIGNED 9-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24D. LOCATION (City, town, or county) (State) 3401 German Hill Rd., Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles S. Geiler		901 S. Conkling St.	

MEDICAL CERTIFICATION

19520008621

L. Trans.

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1933

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES H. HARRIS		M		45		JAN 15 1888		NEW YORK CITY	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH	
1234 MAIN ST. NEW YORK		CLOCK REPAIRER		HEART DISEASE		SUICIDE		NEW YORK CITY	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		MANNER OF DEATH		PLACE OF DEATH	
JAN 15 1933		10:30 AM		NEW YORK CITY		SUICIDE		NEW YORK CITY	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF REGISTRAR	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		MANNER OF DEATH		PLACE OF DEATH	
JAN 15 1933		10:30 AM		NEW YORK CITY		SUICIDE		NEW YORK CITY	

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52 8627BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 8627

1. NAME OF DECEASED (Type or Print) <i>Romaine Lee</i>		2. DATE OF DEATH <i>September 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cockeysville</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5300</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-14-6</i>
9. AGE (In years last birthday) <i>6</i>		10. CITIZENSHIP (If Under 1 Year Months; Days; If Under 24 Hours Hours; Min.)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Balto Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>Stella Lee</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aspiration pneumonia</i> DUE TO ANTECEDENT CAUSES <i>Esophageal malignant tumor</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>9/10/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Esophageal malignant tumor</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-22</i> , 1952, to <i>9-17</i> , 1952, that I last saw the deceased alive on <i>9-17</i> , 1952, and that death occurred at <i>530 Pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>A. Perlman</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>9/17/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-20-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Troughs A M F</i>		24D. LOCATION (City, town, or county) (State) <i>Cockeysville, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>L. Scott Brooks, Sparks, Md.</i>		ADDRESS	

52 8627

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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

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UNITED STATES DEPARTMENT OF JUSTICE

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UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

100-100000



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52 8628BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8628

1. NAME OF DECEASED (Type or Print) <i>Annie Schott</i>		2. DATE OF DEATH <i>Sep. 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osle 3</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Back River Neck Rd.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6/15/1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>None</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Thrombosis</i> <i>Atherosclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>9/17/52</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9/16</i> , 19 <i>52</i> , to <i>9/17</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9/17</i> , 19 <i>52</i> , and that death occurred at <i>4:30 A.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Lawrence C. Shulman</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>9-17-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>9/20/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Co Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FURNERAL DIRECTOR <i>Shy &amp; Sons</i>		ADDRESS <i>1407 Eastern Ave</i>	

RAVENSCLIFF CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

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52 8629BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8629  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE C. SMITH

2. DATE  
OF  
DEATH

Sept. 16th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3808 Ridgcroft Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3808 Ridgcroft Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 9, 1869

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

grocery store owner

10B. KIND OF BUSINESS OR  
INDUSTRY

retired 25 yrs.

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Smith

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Geo. C. Smith, 3808 Ridgcroft Rd.

18. 443x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Embolus.

DUE TO

12 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cardis Vascular Disease

DUE TO

(C) Hypertension

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to Sept 16, 1952, that I last saw the  
deceased alive on Sept 16, 1952, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Standing

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

Sept 17/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

Sept. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Michaels Lutheran Cem.

24D. LOCATION (City, town, or county)

Fullerton, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassonne Funeral Home

ADDRESS

7401 Belair Rd.

1938

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UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF PUBLIC HEALTH AND SAFETY

1938

1938

REPORT OF THE COMMISSIONER OF HEALTH

1938

STATE OF NEW YORK

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1938

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8630  
Registered No.

BIRTH NO. 52-20980

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Wright- Delores</b>		2. DATE OF DEATH <b>Sept. 3, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals 4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1317 Etting St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Aug. 29, 1952</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>5</b> H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
13. FATHER'S NAME <b>William Peacock</b>		14. MOTHER'S MAIDEN NAME <b>Delores Wright</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	
		17. INFORMANT <b>Records: B. C. H. 4940 Eastern Avenue</b>	

18. <b>762.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) <b>Atelectasis</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH  <b>4 days</b>
	(B) DUE TO <b>Prematurity</b>	<b>5 days</b>
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-29, 1952</b> , to <b>9-3, 1952</b> , that I last saw the deceased alive on <b>9-3, 1952</b> , and that death occurred at <b>12:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>9-6-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>	24B. DATE <b>9-6-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>B. H. Crematory</b>	24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS	

**SEP 18 1952**

MEDICAL CERTIFICATION

DI-5400

1317 Etting St



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8631**

BIRTH NO. **52-21069**

1. NAME OF DECEASED  
(Type or Print)

Infant of Sylvia Chisholm

(345587)

2. DATE  
OF  
DEATH

September 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR The Johns Hopkins Hospital  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

706 Gladstone Avenue - 10

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

September 6, 1952

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

6 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J. Jubin Chisholm

14. MOTHER'S MAIDEN NAME

Sylvia Larsen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. **776x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Prematurity*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from September 6, 1952 to September 6, 1952, that I last saw the deceased alive on September 6, 1952, and that death occurred at 6.05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

*Frank B. ...*

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

9/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

*Hosp. DePaul*

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 18 1952

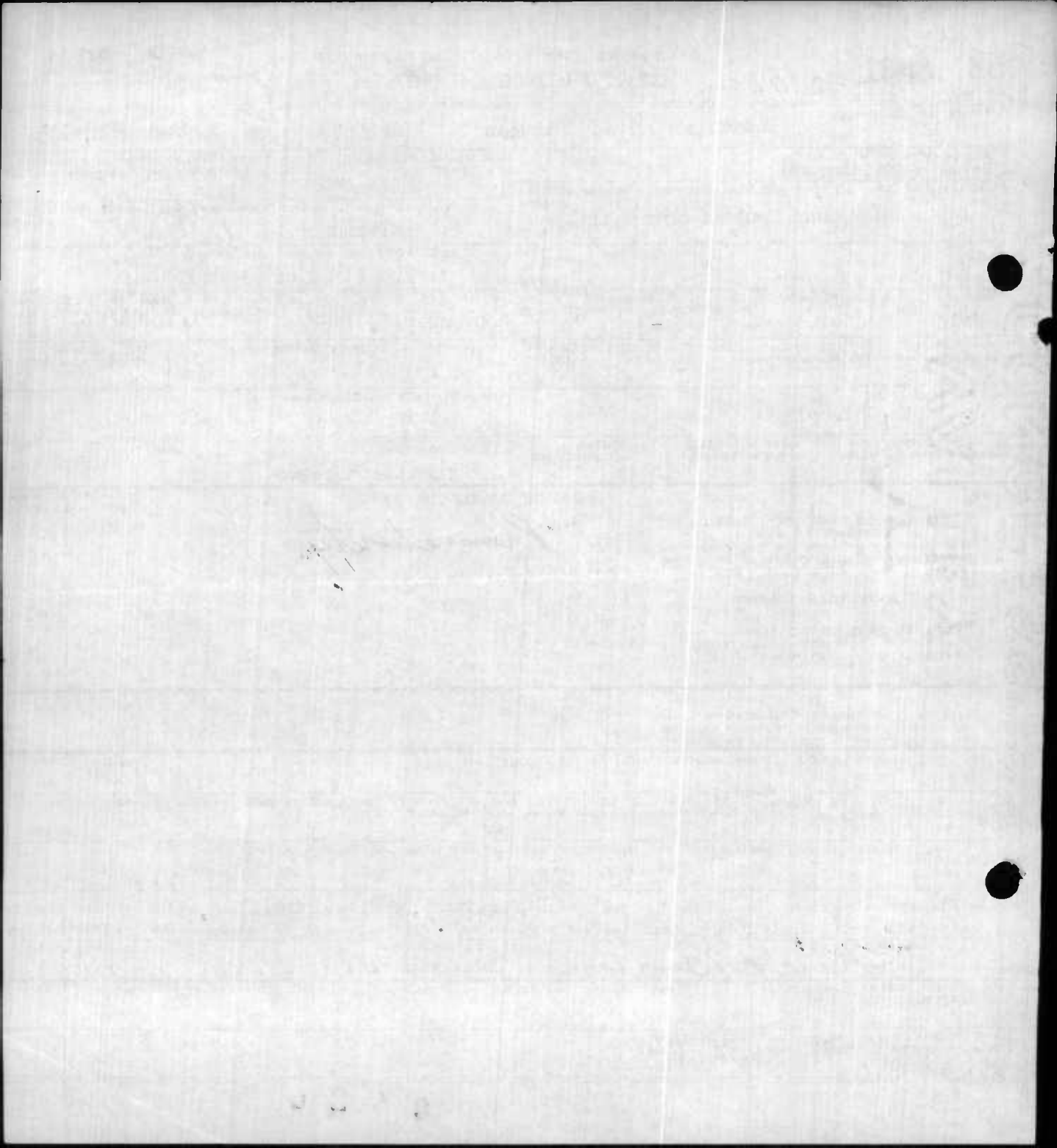
REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

19520008626



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 8632

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George James White, Jr.

2. DATE  
OF  
DEATH

8/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

910 N. Mulberry St.

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/28/52

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

23

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George James White

14. MOTHER'S MAIDEN NAME

Pauline Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 762.5 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital Stelectasis

18 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Prematurity

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 8/28 1952, to 8/29 1952, that I last saw the  
deceased alive on 8/29 1952, and that death occurred at 9:28 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Garland Phisell

M. D.

1038 Edmondson Ave. S.E. 8-30-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952

Huntington Williams, M.D.

1900

CERTIFICATE OF DEATH

1900

DATE

1900



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8633  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Flandis Freeman</i>		2. DATE OF DEATH <i>Sept 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1607 N. Carey St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>15-01</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1607 N. Carey St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>N</i>	8. DATE OF BIRTH <i>March 4, 1885</i>
			9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <i>md</i>	
		12. CITIZEN OF WHAT COUNTRY? <i>O. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
		17. INFORMANT <i>Hattie Freeman</i> ADDRESS <i>1607 N. Carey St</i>	

18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Bronchopneumonia</i> DUE TO
ANTECEDENT CAUSES	(B) _____ DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____ DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-1*, 19*52*, to *8-17*, 19*52*, that I last saw the deceased alive on *8-17*, 19*52*, and that death occurred at *5:30* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Shepherd P. Brunseder</i>	23B. ADDRESS <i>2309 Dund Hill Ave</i>	23C. DATE SIGNED <i>9-17-52</i>
---	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 20, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	24D. LOCATION (City, town, or county) (State) <i>md</i>
---	--------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D. George S. Nelson</i>	25. FUNERAL DIRECTOR ADDRESS
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*1303 Presstman St*





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8634

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH MAYNARD

2. DATE  
OF DEATH Sept. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

230 N. Carey Street

Length of stay in Baltimore ?

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH  
Aug. 23, 18979. AGE (In years  
last birthday) 55If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of last year, or even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Construction Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm Maynard

14. MOTHER'S MAIDEN NAME  
Mary Watkins15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO. 216-071468617. INFORMANT  
ADDRESS  
Wesley Maynard 1510 R. St. N. W. Wash

1B. E819.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Craniocerebral injury with  
subdural hemorrhage and  
laceration of brain

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Mace Ave-overpass - Essex

21D. TIME (Month) (Day) (Year) (Hour)  
of INJURY  
Sept. 16, 1952 3:15 A. m.21E. INJURY OCCURRED  
WHILE AT WORK ☒ NOT WHILE  
AT WORK ☐21F. HOW DID INJURY OCCUR? Hit head on over-  
pass-fell from back of truck22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Sept. 16, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY  
Paynes24D. LOCATION (City, town, or county) (State)  
Wash. D. C.DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 18 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS

VS 151

N 853.2

87224

Geo. G. Kelson

1072

2

432  
52 8635BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8635

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES SCHULTZ

2. DATE  
OF  
DEATH

9-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

82 Yrs.  
16 Mos.  
16 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1404 West Lexington St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MALE

WHITE

WIDOWED

8. DATE OF BIRTH

June 15 1867

9. AGE (In years  
last birthday)

85

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Schullz

14. MOTHER'S MAIDEN NAME

MARY MYER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

212-20-7585A

17. INFORMANT

ADDRESS

MRS Leo M. Osterman, Montross

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Compression aortic aneurysm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hydrothorax

DUE TO

(C) Arteriosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 15, 1952, to Sept 16, 1952, that I last saw the  
deceased alive on 9-16, 1952, and that death occurred at 2:15 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952

Huntington Williams, M.D.

Chas P Towell 4411 Windsor Mill RD

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8636  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JAMES WHARTON</b>		2. DATE OF DEATH <b>September 17, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>57 N. Caroline Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 4, 1903</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packing Vegetables</b>		9. AGE (In years last birthday) <b>49</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Packing Vegetables</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>	
13. FATHER'S NAME <b>Harry Archie</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Christina Rodgers</b>		ADDRESS <b>57 N. Caroline St. Balt. Md. 57</b>	

18. <b>322.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute alcoholism</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Sept. 18, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-21-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Accomac Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Accomac Va.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Edgar Wharton - New Church, Va.</i>





correct age is especially important. Physicians: please write the causes of death clearly and legibly.

600

52 8637

BIRTH NO.

Marilyn MURRAY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

8637

1. NAME OF DECEASED  
(Type or Print)

2. DATE  
OF  
DEATH

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Univ. of Maryland - W. of Md.

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Diarrhea

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

through cerebral aneurysm

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on 9-12, 1952 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

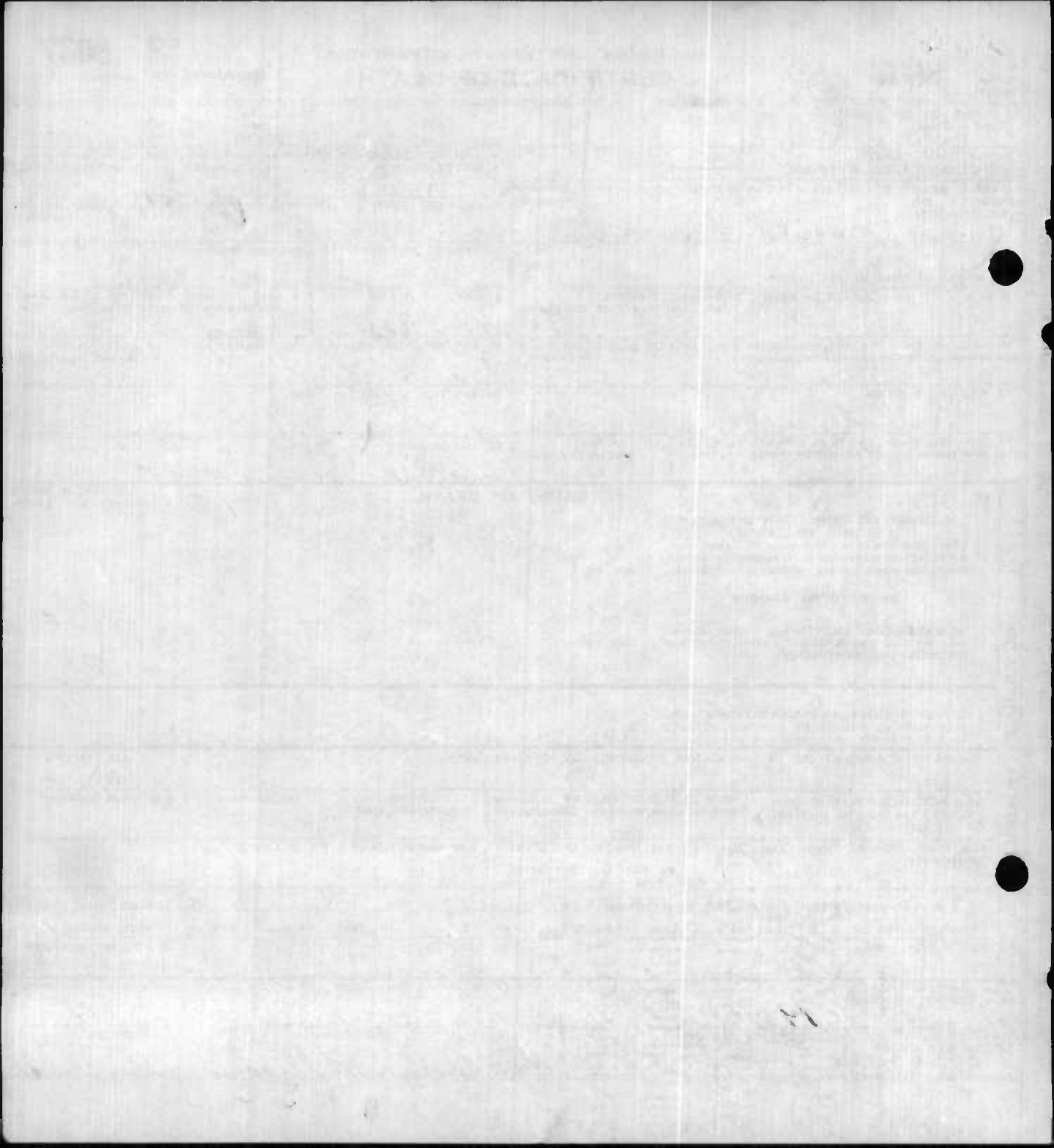
25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952

VS 150

4520008432



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

530  
52 8638

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8638

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Lucy Hunt

2. DATE  
OF  
DEATH

SEPT 16 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

915 BOYD STREET

5. SEX

FEMALE

6. COLOR OR RACE

BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

DEC. 25, 1875

9. AGE (In years last birthday)

76

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Benj. Moore

14. MOTHER'S MAIDEN NAME

KIZIAH MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

HOSPITAL RECORDS

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) HYPERTENSIVE CARDIOVASCULAR - RENAL DISEASE

YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 16, 1952, to SEPT 16, 1952, that I last saw the deceased alive on SEPT 16, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Michels

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

SEPT. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

W. H. C. Cemetery, Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

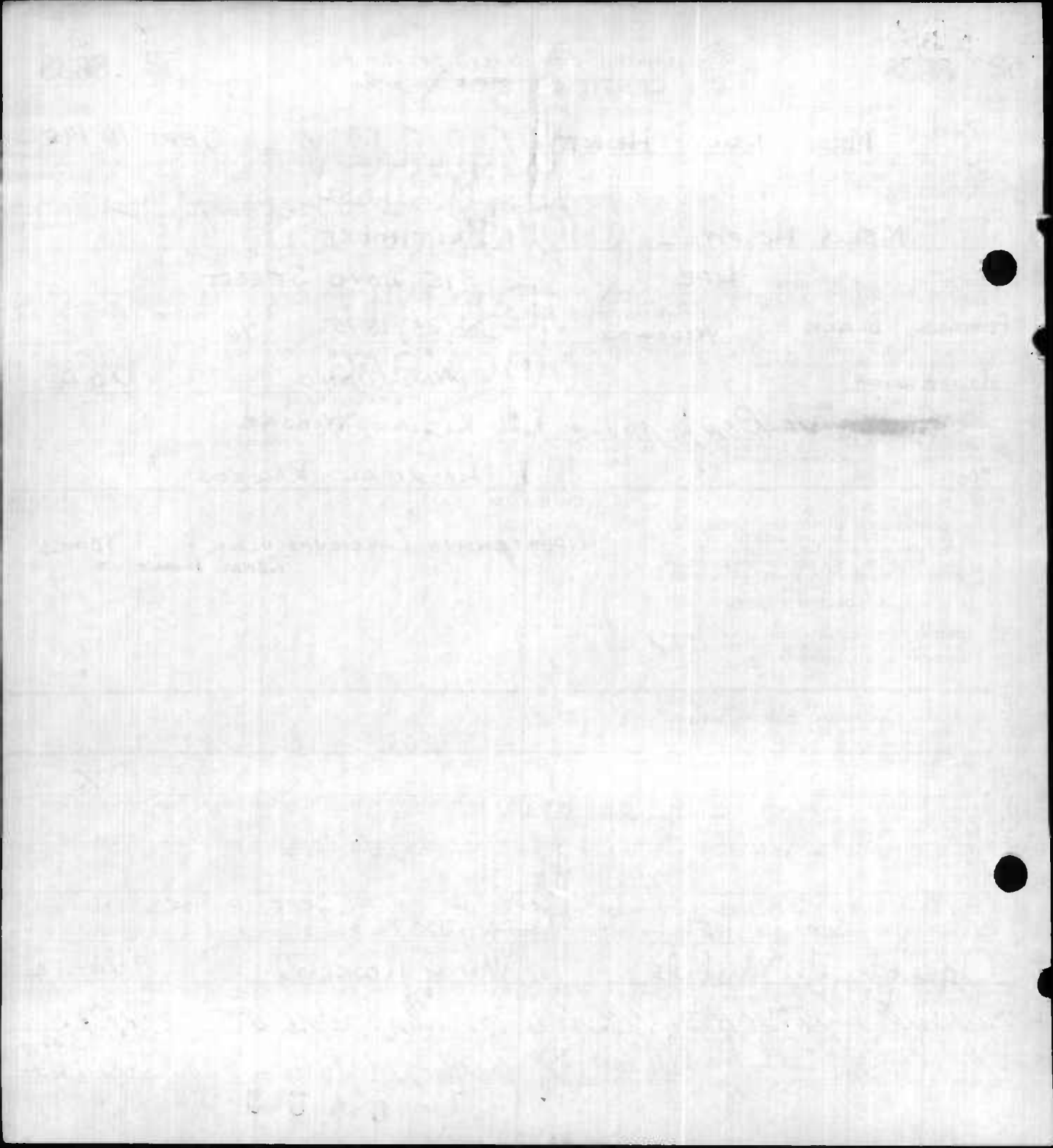
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katherine Williams Schreder

VS 150

52 8638



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8639  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIJAH

FRIER

2. DATE  
OF  
DEATH September 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence  
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

738 Bradley Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Peter Frier

8. DATE OF BIRTH

June 14/1909

9. AGE (In years  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Estelle Frier 738 Bradley St

18. 443x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

Sept. 17, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952

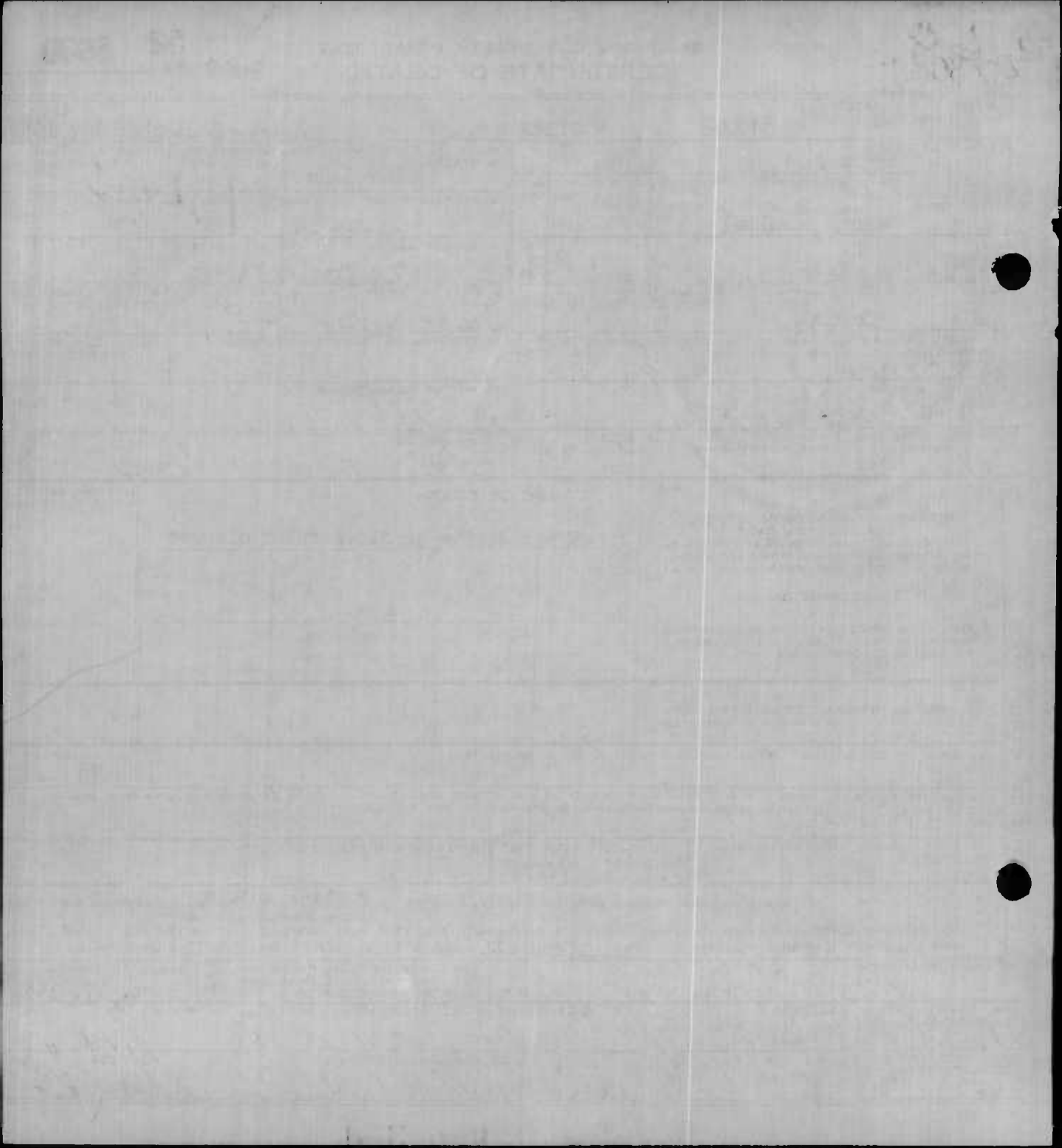
Huntington Williams, M.D.

Kathleen Williams

Schreyer St.

VS 151

5 3 097098 6 3 4





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8640  
Registered No.

AB-162940

52 8640

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Ellison Hicks</b>		2. DATE OF DEATH <b>Sept. 12-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>20yrs</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2222 N. Howard St. zone 18</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married (Separated)</b>	8. DATE OF BIRTH <b>?</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years, last birthday) <b>39?</b>
13. FATHER'S NAME <b>Doc Hicks (Dec.)</b>		11. BIRTHPLACE (State or foreign country) <b>S.C.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Mattie Jones (Dec.)</b>	
17. INFORMANT <b>Baltimore City Hospitals Records: 4940 Eastern Ave.</b>		ADDRESS	

13. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bilateral Pulmonary Tuberculosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>1yr.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-10-1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Cranial Trephine</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>9-9-</b> , 19 <b>52</b> to <b>9-12-</b> , 19 <b>52</b> that I last saw the deceased alive on <b>9-12-</b> , 19 <b>52</b> , and that death occurred at <b>3.55PM</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>H. C. Jones</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>9-13-1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipped</b>	24B. DATE <b>9/18/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Timmons Hill S.C.</b>	24D. LOCATION (City, town, or county) (State) <b>Timmons Hill S.C.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams - Schradt St</b>		

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8641**

**400**  
**52 8641**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY MARGARET BAYLEY</b>		2. DATE OF DEATH <b>Sept. 16, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hood Nursing Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rockdale</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>3625 Hilmar Rd. 5300</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 22, 1857</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>95</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Michael Haller</b>		14. MOTHER'S MAIDEN NAME <b>Charlotte Birely</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs. J. Herbert Dennis - 3625 Hilmar Rd.</b>		ADDRESS	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Degenerative C. V. D.</b> DUE TO (B) <b>Generalized Arterio Sclerosis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
--	---	---

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 7, 1947</b> , to <b>Sept 16, 1952</b> , that I last saw the deceased alive on <b>Sept 16, 1952</b> , and that death occurred at <b>8 A. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James E. Howell</b>		23B. ADDRESS <b>Baltimore</b>		23C. DATE SIGNED <b>9-17-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/18/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Wm. J. Vickner &amp; Sons</b>		ADDRESS <b>Balto 17, Md.</b>	

1918

50

1918

STATE OF NEW YORK

1918

50

Blank ledger page with horizontal ruling lines.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8642  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JESSE R. HANN**

2. DATE OF DEATH **September 16, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Lutheran Hospital**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2938 Clifton Avenue**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**June 11, 1915**

9. AGE (In years last birthday)

**37**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Carpenter**

10B. KIND OF BUSINESS OR INDUSTRY

**Own business**

13. FATHER'S NAME

**Jesse L. Hann**

**CONST.**

14. MOTHER'S MAIDEN NAME

**Maggie Hartman**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mrs. Julia C. Hann-2938 Clifton Ave.**

18. **E 972X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxiation**

DUPLICATE natural gas

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUPLICATE

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**Home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**2938 Clifton Avenue**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**Sept. 16, 1952 6:00 P.m.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?  
**Asphyxiated by natural gas - gas pipe was disconnected**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

**Sept. 17, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9/20/52**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park Cem.**

24D. LOCATION (City, town, or county)

**Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 18 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Wm. J. Tickner & Sons**

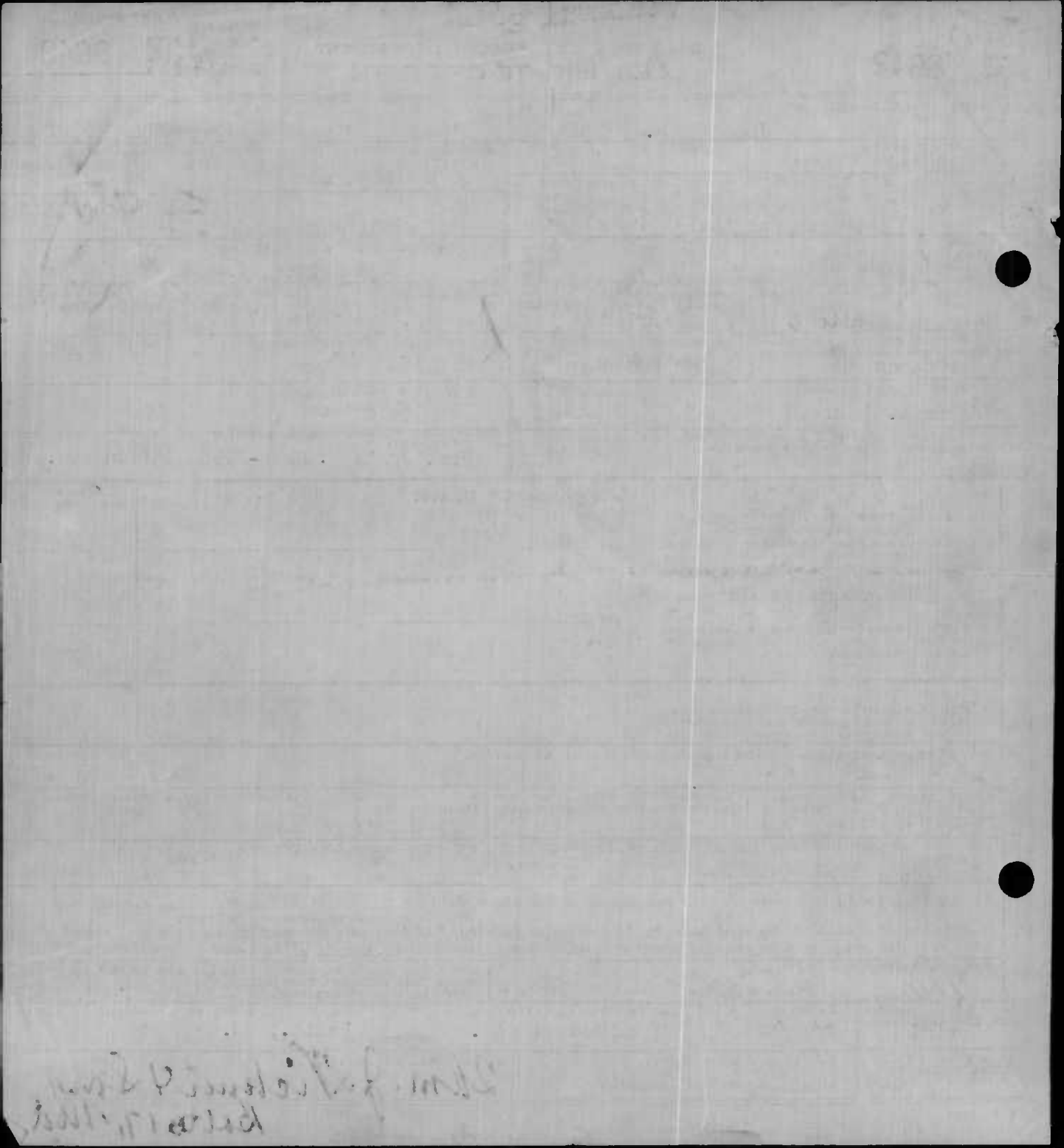
ADDRESS

**Balto 17, Md**

V S 151

**N968.0**

**519240 8 6 3 7**





u-460  
52 8643BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8643  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JACK KOENIG UHLER

2. DATE  
OF  
DEATH

Sept. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR US Public Health Service location)  
INSTITUTION Hospital

Wyman Pk. Drive &amp; 31st Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore ?

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

3/27/20

9. AGE (In years  
last birthday)

32

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Stock Clerk10B. KIND OF BUSINESS OR  
INDUSTRY  
Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Joseph N. Uhler

14. MOTHER'S MAIDEN NAME

MATILDA KOENIG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
Yes WW2- USA16. SOCIAL  
SECURITY NO.  
?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)  
DUE TO

Subarachnoid hemorrhage, repeated

41 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.  
DUE TOII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1952 to Sept. 17, 1952 that I last saw the  
deceased alive on Sept. 17, 1952, and that death occurred at 11:40A m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

9/17/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/19/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO NATIONAL

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952  
VS 150

Huntington Williams, M.D.

J. Ruck

5305 Harford Rd

9523805E8638

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

NAME OF DECEASED  
AGE  
SEX  
DATE OF BIRTH  
PLACE OF BIRTH

CAUSE OF DEATH  
MANNER OF DEATH  
PLACE OF DEATH  
DATE OF DEATH

EDUCATION  
OCCUPATION  
MARRIAGE  
RELIGION  
RACE

PREVIOUS ILLNESS  
PREVIOUS SURGERY  
PREVIOUS TRAUMA  
PREVIOUS DRUGS  
PREVIOUS ALCOHOL

PREVIOUS INJURY  
PREVIOUS FEVER  
PREVIOUS INFECTION  
PREVIOUS TOXICITY  
PREVIOUS ALLERGY

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**FREDERICKA W. PLITT**

2. DATE  
OF  
DEATH

**Sept. 17, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2075 Rockrose Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

**2075 Rockrose Avenue 13-08**

5. SEX

**female**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**widowed**

8. DATE OF BIRTH

**Nov. 15, 1876**

9. AGE (In years last birthday)

**75**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**at home**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Ave #7  
**Mrs. Margaret Feldman, 3819 Milford A**

18. **422.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**  
DUE TO

**5 yrs.**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ASCVD**  
DUE TO  
(C)

**?**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Pneumonia**

**1 wk**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept 15, 1952**, to **Sept 17, 1952**, that I last saw the deceased alive on **Sept 17, 1952**, and that death occurred at **6:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**H. W. Reed**

M. D.

23B. ADDRESS

**8 Longwood Road**

23C. DATE SIGNED

**9/17/52**

24A. BURIAL/CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9/20/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Carmel Cem.**

24D. LOCATION (City, town, or county)

**Baltimore, Maryland**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Leonard J. Ruck, 5305 Harford Road.**

**181952**

VS 150

**19520008630**

MEDICAL CERTIFICATION

Dr. Scott  
8 Longwood Road  
4-5

W-456  
52 8645BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8645  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Doris Wilner</b>			2. DATE OF DEATH <b>9/18/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Si</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hosp - BALTO</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>3533 Pennison Rd 15-11</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 24, 1934</b>	9. AGE (In years last birthday) <b>18</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>COLLEGE</b>	11. BIRTHPLACE (State or foreign country) <b>BALTO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Maurice G. Wilner</b>			14. MOTHER'S MAIDEN NAME <b>Ida Tobrar</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>M. G. Wilner - 3533 Pennison Rd.</b>		
18. <b>204.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ACUTE Leukemia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <b>9 mos.</b>		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 18, 1952</b> to <b>Sept 18, 1952</b> , that I last saw the deceased alive on <b>Sept 18, 1952</b> and that death occurred at <b>6:35 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Daniel Bakal</b>		23B. ADDRESS <b>Sinai Hosp.</b>		23C. DATE SIGNED <b>9/18/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-19-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Windsor Mill Rd</b>	24D. LOCATION (City, town, or county) <b>Balto</b>	(State) <b>Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Jack Lewis Inc - 2100 Eutaw Place</b>	

1 9520008640

1972

1972

1972

1972





correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8646

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Wohlfort, Mrs. Veranica J.

2. DATE OF DEATH Sept 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

105 S. Curley Street

C. Length of stay in Baltimore

57 yrs

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12/2/1894

9. AGE (In years last birthday)

57

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Hartmanowski

14. MOTHER'S MAIDEN NAME

Annie Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-20-8050 HENRY J. WOHLFORT

17. INFORMANT

ADDRESS

105 S. Curley St.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adenocarcinoma of Colon

4 Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 10, 1952

19B. MAJOR FINDINGS OF OPERATION

Cancer of Sigmoid Colon with Obstruction & Spread Local

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/5 1952, to 9/16, 1952 that I last saw the deceased alive on 9/15, 1952, and that death occurred at 3:08 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

9/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9-20-52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM, 7225 EASTERN AVE. MD

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952

Huntington Williams, M.D.

Charles S. Zeiler 901 S. CONKLING ST.

VS 150

520008641

2 Trans.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8647  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>David G. Paff Sr</i>		2. DATE OF DEATH <i>9/16/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 21-01</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>843 Woodward st.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7/18/1899</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Asbestos Worker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Pipe Covering</i>	
11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Peter Paff</i>		14. MOTHER'S MAIDEN NAME <i>Stella Paff</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>W. W. #1</i>	
17. INFORMANT <i>Stella Paff</i>		ADDRESS <i>843 Woodward st.</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Cardiac Collapse</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
(A) DUE TO <i>Hypertensive Cardiovascular Disease</i>		
(B) DUE TO <i>Renal Disease</i>		
C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/10</i> , 19 <i>47</i> , to <i>9/16/52</i> , that I last saw the deceased alive on <i>9/16</i> , 19 <i>52</i> , and that death occurred at <i>439</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph S. Lawcauto MD</i>		23B. ADDRESS <i>679 Washington Blvd</i>		23C. DATE SIGNED <i>9/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/20/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul st.</i>	

correct age is essential, important. Physicians: please write the causes of death clearly and legibly

MEDICAL CERTIFICATION

NEW YORK CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>Robert Charles [illegible]</i>		2. SEX <i>Male</i>	
3. AGE <i>45</i>		4. DATE OF BIRTH <i>1910</i>	
5. PLACE OF BIRTH <i>New York City</i>		6. OCCUPATION <i>None</i>	
7. CAUSE OF DEATH <i>Heart failure</i>		8. PLACE OF DEATH <i>Home</i>	
9. DATE OF DEATH <i>1955</i>		10. TIME OF DEATH <i>11:00 AM</i>	
11. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		12. SIGNATURE OF REGISTRAR <i>[Signature]</i>	
13. SIGNATURE OF WITNESS <i>[Signature]</i>		14. SIGNATURE OF DECEASED <i>[Signature]</i>	

correct age is especially important. Physicians please write the causes of death clearly and legibly.

52 16  
52 8648

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8648  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>George W Osbourn</b>		2. DATE OF DEATH <b>September 17, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Baltimore City, Maryland</b>		b. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <b>Maryland</b> COUNTY <b>Baltimore</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Lutheran Hospital, 730 Ashburton Str. Baltimore 16, Md.</b>		c. CITY OR TOWN (If outside corporate limits, give R.U.M.L. and give township) <b>Baltimore City, Maryland</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>1420 Mount Royal Ave.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 31, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed - Pattern Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Business</b>	9. AGE (In years last birthday) <b>74</b> If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John H. Osbourn</b>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>23-05-502A</b>	
17. INFORMANT ADDRESS <b>Baltimore</b> <b>Hospital records, Lutheran Hospital, Md.</b>			
18. <b>422.1</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>cerebral hemorrhage</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>one day</b> ANTECEDENT CAUSES (B) <b>cerebral arteriosclerosis</b> DUE TO <b>two years</b> (C) <b>cardiovascular arteriosclerosis</b> DUE TO <b>two years</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>September 11, 1952</b> to <b>September 17, 1952</b> , that I last saw the deceased alive on <b>September 14, 1952</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Rudolph M. Zander, first assistant</b>		23b. ADDRESS <b>Lutheran Hospital, Baltimore Md</b>	
23c. DATE SIGNED <b>September 17, 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/20/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>London Park</b>		24d. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc., 1217 So. Paul St</b>		ADDRESS	

568004G 8 6 1 3

828 5

STATE OF NEW YORK  
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8649  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ALBERT CURTIS SAFFELL</b>		2. DATE OF DEATH <b>September 17, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>518 E. 32nd Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 30, 1901</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver - Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Parisian Cleaners</b>	9. AGE (In years last birthday) <b>50</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Albert C. Saffell</b>		14. MOTHER'S MAIDEN NAME <b>Mamie Blatchley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>215-03-0262</b>	
17. INFORMANT <b>Elsie C. Saffell</b>		ADDRESS <b>518 East 35th Street</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b> (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

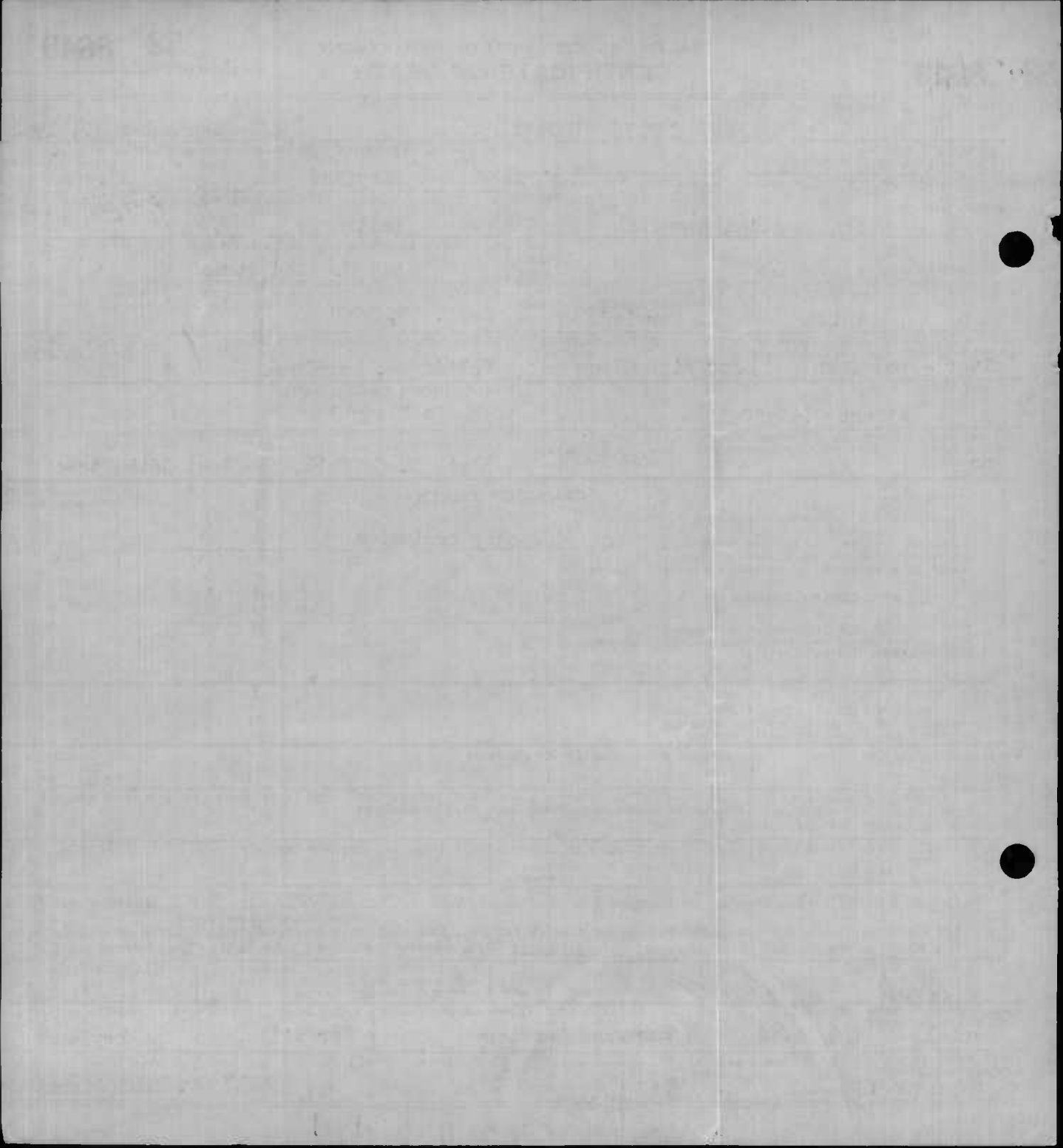
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Sept. 17, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/20/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Parkville,</b>		24E. STATE <b>Maryland</b>			

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 18 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>	
ADDRESS <b>1217 St. Paul Street</b>					

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



300  
52 REA-163210  
8650  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8650  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Charles E. Heath

2. DATE  
OF  
DEATH

Sept. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
2240 Mura Street-11

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Oct. 15, 1888

9. AGE (in years,  
last birthday)  
6310. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Floor scraper & finisher10B. KIND OF BUSINESS OR  
INDUSTRY  
Self employed11. BIRTHPLACE (State or foreign country)  
Maryland12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Heath

14. MOTHER'S MAIDEN NAME

Lutitia Bloodsworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

Cardio-vascular accident

24 hours

(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive cardio-vascular disease

1 yrs.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

m.

22. I hereby certify that I attended the deceased from 9-16 52, to 9-17 52, that I last saw the  
deceased alive on 9-17 52, and that death occurred at 8:30P m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-17-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/20/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore County, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

VS 150

MEDICAL CERTIFICATION

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OFFICE OF THE  
SECRETARY OF THE  
NAVY

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520  
52 8651BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8651  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH F. KING

2. DATE  
OF  
DEATH

9/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1612 Linden Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1612 Linden Ave.

c. Length of stay in Baltimore

17 yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 20 1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Fgt. Conductor

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas F. King

14. MOTHER'S MAIDEN NAME

Barbara T. Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Regis King 1703 St. Paul St.

18. 144X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Squamous cell Carcinoma  
upper left gingiva with  
extension into left antrum

25 months

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6 Dec. 1951

19B. MAJOR FINDINGS OF OPERATION

Extension into antrum &amp; ethmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept, 1951, to 17 Sept, 1952, that I last saw the  
deceased alive on 16 Sept, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Liviowski

M. D.

23B. ADDRESS

15 E. Biddle St. - E. 2

23C. DATE SIGNED

18 Sept 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/20/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHARLES F. EVANS &amp; SON

118 W. Mt. Royal Ave.

1521 22  
BATHING AND HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Lewinski

14 E. Prairie



630  
52 8652BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8652

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Stanley Trott

2. DATE  
OF  
DEATH

Sep. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Calb

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

832 N. Chester St

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

April 11, 1893

9. AGE (In years  
last birthday)

39

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Huckster

10B. KIND OF BUSINESS OR  
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas B. Trott

14. MOTHER'S MAIDEN NAME

Sarah Mc Devitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

none

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

3-4 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1952, to 9/17, 1952, that I last saw the  
deceased alive on 9/17, 1952, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George A. Edwards

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-17-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 20 1952

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St

SEAB

CERTIFICATE OF DEATH

SEAB

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF BIRTH		5. PLACE OF BIRTH		6. OCCUPATION	
7. DATE OF DEATH		8. PLACE OF DEATH		9. CAUSE OF DEATH	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESS		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF WITNESS		15. SIGNATURE OF REGISTRAR	
16. SIGNATURE OF DECEASED		17. SIGNATURE OF WITNESS		18. SIGNATURE OF REGISTRAR	
19. SIGNATURE OF DECEASED		20. SIGNATURE OF WITNESS		21. SIGNATURE OF REGISTRAR	
22. SIGNATURE OF DECEASED		23. SIGNATURE OF WITNESS		24. SIGNATURE OF REGISTRAR	
25. SIGNATURE OF DECEASED		26. SIGNATURE OF WITNESS		27. SIGNATURE OF REGISTRAR	
28. SIGNATURE OF DECEASED		29. SIGNATURE OF WITNESS		30. SIGNATURE OF REGISTRAR	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF WITNESS		33. SIGNATURE OF REGISTRAR	
34. SIGNATURE OF DECEASED		35. SIGNATURE OF WITNESS		36. SIGNATURE OF REGISTRAR	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF WITNESS		39. SIGNATURE OF REGISTRAR	
40. SIGNATURE OF DECEASED		41. SIGNATURE OF WITNESS		42. SIGNATURE OF REGISTRAR	
43. SIGNATURE OF DECEASED		44. SIGNATURE OF WITNESS		45. SIGNATURE OF REGISTRAR	
46. SIGNATURE OF DECEASED		47. SIGNATURE OF WITNESS		48. SIGNATURE OF REGISTRAR	
49. SIGNATURE OF DECEASED		50. SIGNATURE OF WITNESS		51. SIGNATURE OF REGISTRAR	
52. SIGNATURE OF DECEASED		53. SIGNATURE OF WITNESS		54. SIGNATURE OF REGISTRAR	
55. SIGNATURE OF DECEASED		56. SIGNATURE OF WITNESS		57. SIGNATURE OF REGISTRAR	
58. SIGNATURE OF DECEASED		59. SIGNATURE OF WITNESS		60. SIGNATURE OF REGISTRAR	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF WITNESS		63. SIGNATURE OF REGISTRAR	
64. SIGNATURE OF DECEASED		65. SIGNATURE OF WITNESS		66. SIGNATURE OF REGISTRAR	
67. SIGNATURE OF DECEASED		68. SIGNATURE OF WITNESS		69. SIGNATURE OF REGISTRAR	
70. SIGNATURE OF DECEASED		71. SIGNATURE OF WITNESS		72. SIGNATURE OF REGISTRAR	
73. SIGNATURE OF DECEASED		74. SIGNATURE OF WITNESS		75. SIGNATURE OF REGISTRAR	
76. SIGNATURE OF DECEASED		77. SIGNATURE OF WITNESS		78. SIGNATURE OF REGISTRAR	
79. SIGNATURE OF DECEASED		80. SIGNATURE OF WITNESS		81. SIGNATURE OF REGISTRAR	
82. SIGNATURE OF DECEASED		83. SIGNATURE OF WITNESS		84. SIGNATURE OF REGISTRAR	
85. SIGNATURE OF DECEASED		86. SIGNATURE OF WITNESS		87. SIGNATURE OF REGISTRAR	
88. SIGNATURE OF DECEASED		89. SIGNATURE OF WITNESS		90. SIGNATURE OF REGISTRAR	
91. SIGNATURE OF DECEASED		92. SIGNATURE OF WITNESS		93. SIGNATURE OF REGISTRAR	
94. SIGNATURE OF DECEASED		95. SIGNATURE OF WITNESS		96. SIGNATURE OF REGISTRAR	
97. SIGNATURE OF DECEASED		98. SIGNATURE OF WITNESS		99. SIGNATURE OF REGISTRAR	
100. SIGNATURE OF DECEASED		101. SIGNATURE OF WITNESS		102. SIGNATURE OF REGISTRAR	

52 8653

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8653

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AARON MOSHKEVICH

2. DATE  
OF  
DEATH

Sept. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

423 Normandy Avenue

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

70 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 16, 1874

9. AGE (in years/  
last birthday)

78

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Moshkevich

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helene Moshkevich - 423 Normandy Avenue

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) .....  
DUE TO

CEREBRAL HEMORRHAGE

Hypertensive C.V.R.

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Hypertensive C.V.R. Disease

Years

(C) .....  
DUE TO

Generalized Arteriosclerosis

Years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1950 to 9-18, 1952, that I last saw the deceased alive on 9/17, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M.D.

23B. ADDRESS

206 S. Elmor St.

23C. DATE SIGNED

9/18/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Anshe Nesina Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson &amp; Bros. 1124-26 W. North Ave.

1000

DEPARTMENT OF HEALTH  
DEATH CERTIFICATE

1000

DEATH CERTIFICATE

NAME OF DECEASED  
AGE  
SEX  
RACE  
DATE OF BIRTH  
PLACE OF BIRTH  
OCCUPATION  
EDUCATION  
MARRIAGE  
RELIGION  
CAUSE OF DEATH  
MANNER OF DEATH  
PLACE OF DEATH  
DATE OF DEATH  
TIME OF DEATH  
SIGNATURE OF DECEASED  
SIGNATURE OF WITNESSES  
SIGNATURE OF PHYSICIAN  
SIGNATURE OF CORONER  
SIGNATURE OF JURY  
SIGNATURE OF JUDGE  
SIGNATURE OF CLERK  
SIGNATURE OF SHERIFF  
SIGNATURE OF DEPUTY SHERIFF  
SIGNATURE OF CONSTABLE  
SIGNATURE OF ALDERMAN  
SIGNATURE OF COUNCILLOR  
SIGNATURE OF TOWN CLERK  
SIGNATURE OF TOWN ENGINEER  
SIGNATURE OF TOWN SURVEYOR  
SIGNATURE OF TOWN TREASURER  
SIGNATURE OF TOWN CLERK  
SIGNATURE OF TOWN ENGINEER  
SIGNATURE OF TOWN SURVEYOR  
SIGNATURE OF TOWN TREASURER

260  
52 8654DUGGER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8654

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alice Smith Dugger

2. DATE  
OF  
DEATH

9-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Car - Hill - Baltimore Home Baltimore

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

27-15

D. STREET ADDRESS (If rural, give location)

2401 Cold Spring Lane

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Mar. 15, 1867

9. AGE (in years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alfred E. Smith

14. MOTHER'S MAIDEN NAME

Mollie Sascerville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Marion Statton

2409 Madison Ave.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Necrosis - Terminal

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1952, to Sept. 16, 1952, that I last saw the deceased alive on Sept 16, 1952, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Harper

M. D.

23B. ADDRESS

722 4. Fulton Ave

23C. DATE SIGNED

7/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept. 20, 1952

Mt. Auburn

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1952

Huntington Williams, M.D.

1631 David Hill Ave.

VS 150

19520008649

MEDICAL CERTIFICATION  
correct age is especially important. Physicians: please list the causes of death.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

STATE OF TEXAS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8655

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Christina W. Rogan

2. DATE  
OF  
DEATH

Sept. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1106 W. Lombard St.

C. Length of stay in Baltimore 62 Yrs.

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1106 W. Lombard St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 22, 1878

9. AGE (In years  
last birthday)

74

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

William F. Thomas, 1207 Stevens Ave.

18. 443X I

CAUSE OF DEATH

Arbutus 27.

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral hemorrhage

24 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardi Vascular Disease years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb., 1946, to Sept 15, 1952, that I last saw the  
deceased alive on Sept 15, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Tommasello

M. D.

23B. ADDRESS

900 W. Lombard St.

23C. DATE SIGNED

Sept 17/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

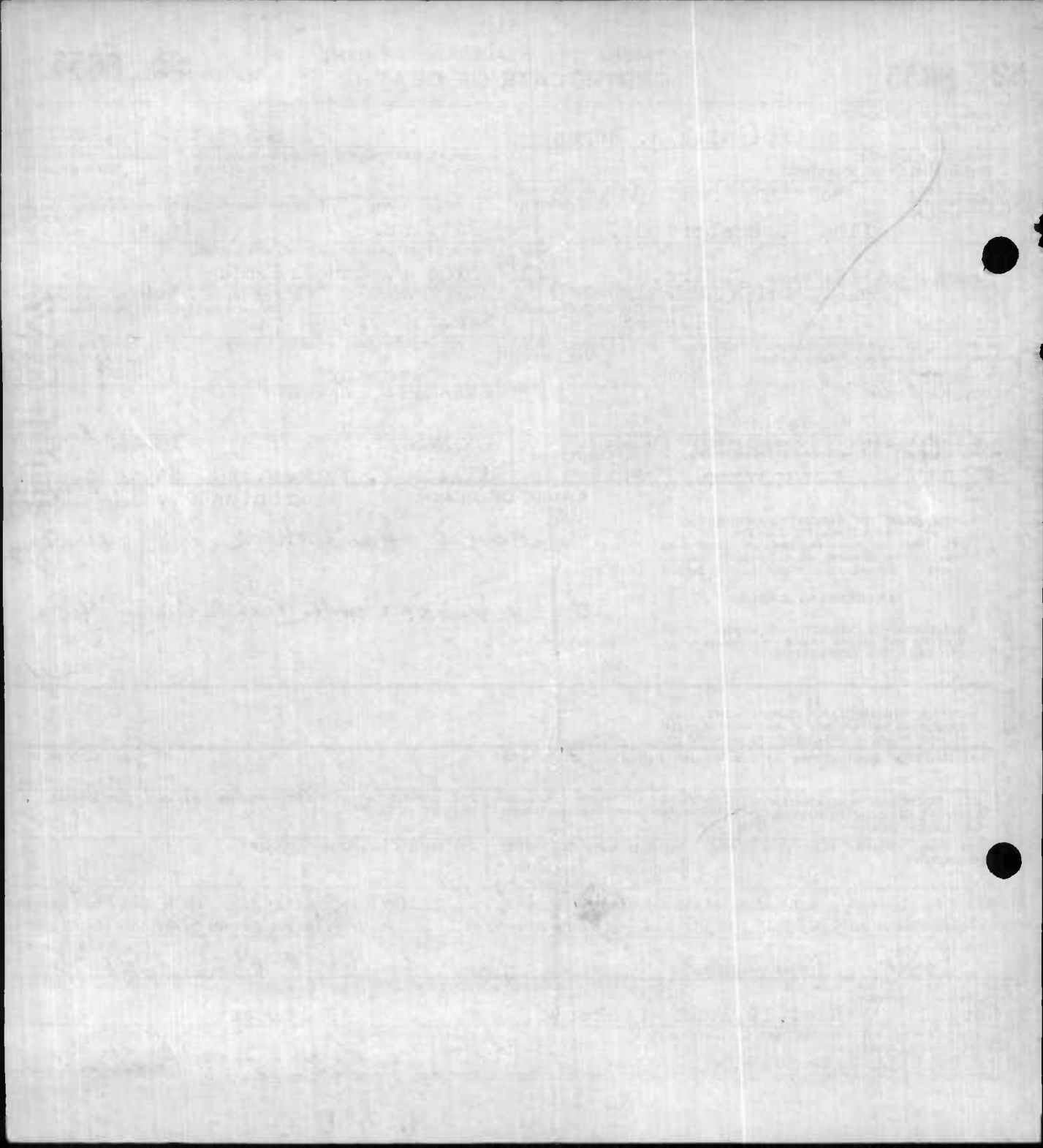
SEP 18 1952

H. J. W. Williams, M.D.

Fred A. Cole, 1913 N. Baltimore St.

VS 150

19520228450



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8656  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jennie Scher (SHER)

2. DATE  
OF  
DEATH

9/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Dinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-18

D. STREET ADDRESS (If rural, give location)

3301 W Garrison Ave

Length of stay in Baltimore

40 Yrs.  
Moe.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Philip

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Sher - Danes

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

Cerebro-vascular Accident 24h

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

Hypertensive Arterio-Sclerotic  
Cardio-Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Sept 18, 1952, to Sept 18, 1952, that I last saw the  
deceased alive on Sept 18, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dorothy M. Scher

M. D.

Dinai Hosp. - Balto. - 9/18/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1952

Huntington Williams, M.D.

Jack Lewish 2100 Cutaw Rd

11/11/11

11/11/11

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52 8657

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8657  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REUBEN BERMAN

2. DATE  
OF  
DEATH

9-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2517 Linden Ave

C. Length of stay in Baltimore

65

Yrs.  
Moo.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2517 Linden Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Thread

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sara German - Fannie

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

9 hrs.

DUE TO

Coronary Sclerosis

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 19<sup>52</sup>, to Sept. 18, 19<sup>52</sup>, that I last saw the  
deceased alive on Sept. 18, 19<sup>52</sup>, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul

23C. DATE SIGNED

Sept. 18, 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-19-52

24C. NAME OF CEMETERY OR CREMATORY

Huntington Williams

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 7100 Centau Pl

SEP 19 1952

VS 150

4904E 8652

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

Lower West  
920 St Paul St  
6<sup>30</sup> to 7<sup>30</sup>  
Be 3652 Ave  
4123 Roland Ave



455  
52 8658BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8658  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HERBERT SOLOMON</b>		2. DATE OF DEATH <b>9-18-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>6209 Reisterstown Rd</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-20</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6209 Reisterstown Rd</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-8</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>48</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Andrew</b>		14. MOTHER'S MAIDEN NAME <b>Ida</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Ethel Solomon - Same</b>		ADDRESS	

18. <b>470.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Coronary Thrombosis</b> DUE TO <b>Arterio Sclerotic Heart Disease</b> DUE TO <b>Disease</b> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>Instantaneous</b> <b>about 1 yr.</b>
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II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

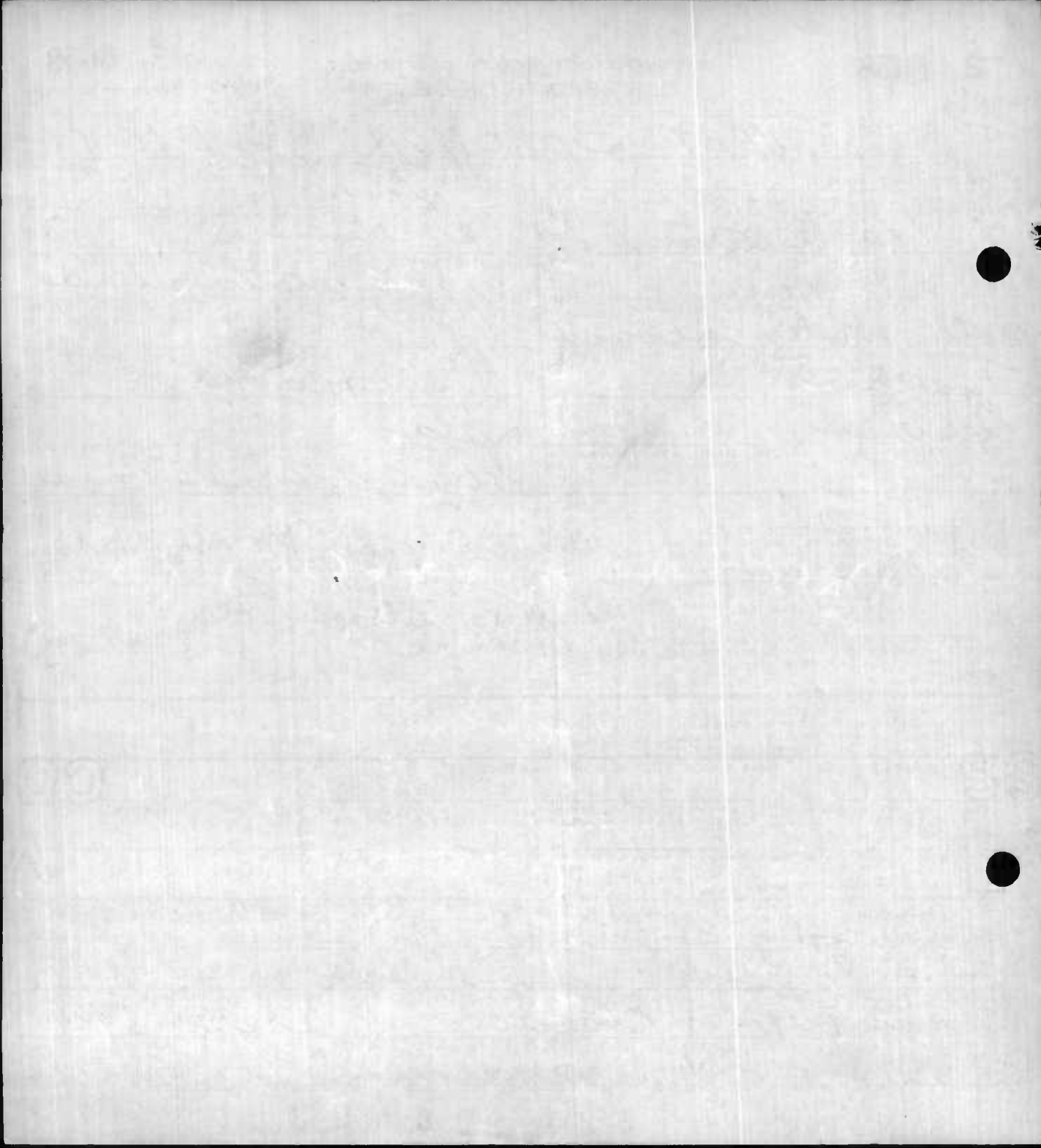
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (s. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Sept 16, 1952** to **Sept 18, 1952** that I last saw the deceased alive on **Sept 16, 1952** and that death occurred at **1230 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Julius E. Gluck</b>	23B. ADDRESS <b>5356 Reisterstown Rd</b>	23C. DATE SIGNED <b>9/18/52</b>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-19-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Jack Lewis Inc</b>	ADDRESS <b>2100 Eutan Pl</b>
--	---	---	---------------------------------







300

52 8660

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8660  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Katherine Marianna Wood

2. DATE  
OF  
DEATH

Sept 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

701 Cathedral St.

C. CITY OR TOWN

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

701 Cathedral St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 30, 1905

9. AGE (In years  
last birthday)

47

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ernest W. Wood

14. MOTHER'S MAIDEN NAME

Antonio Albert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Antonio Wood

ADDRESS

Baltimore Md.

## CAUSE OF DEATH

18. 241X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

Myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

6 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

Arteriosclerosis, Emphysema

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1952 to 9/20, 1952, that I last saw the  
deceased alive on 9/13, 1952, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ed. H. Townsend

M. D.

23B. ADDRESS

14 E. Egan St

23C. DATE SIGNED

9/20/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-1952

24C. NAME OF CEMETERY OR CREMATORY

Arlington National

24D. LOCATION (City, town, or county) (State)

Arlington, Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John M. Taylor &amp; Son Annapolis, Md.

VS 150

19520008655

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8661**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Paul Brust Burris*

2. DATE  
OF  
DEATH

*9-14-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*Community Hospital Baltimore*

C. Length of stay in Baltimore *Several Years*

5. SEX

*M*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Ind.* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto. Ind. 15-01*

D. STREET ADDRESS (If rural, give location)

*1880 School St.*

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Salesman*

11. BIRTHPLACE (State or foreign country)

*Ga*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Garner Rucker*

14. MOTHER'S MAIDEN NAME

*Sather Burris*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. *307 X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Bacterial Bacterial Pneumonia C 7 day*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Alcoholism + remission*  
(C) *Chronic alcoholism*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Melancholia, cachexia*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9-14-52*, 19\_\_, to *9-14-52*, 19\_\_, that I last saw the deceased alive on *9-14-52*, 19\_\_, and that death occurred at *11 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*J. B. Brimmer M.D.*

23B. ADDRESS

*Community Hospital*

23C. DATE SIGNED

*9-16-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

*Sept. 17, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Not Calvary Cemetery A.C.C. Ind.*

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*Robert Williams*

ADDRESS

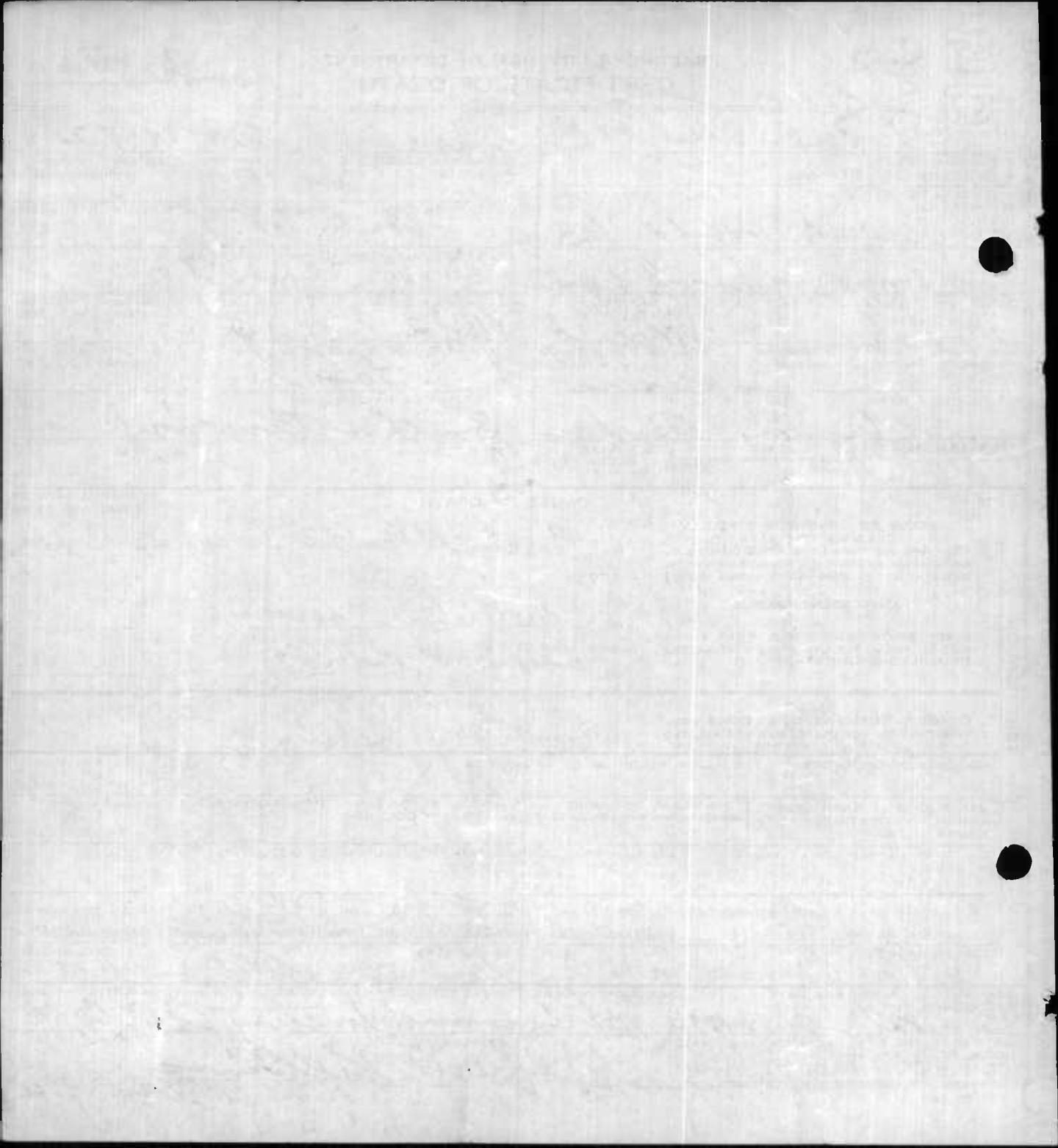
*13-15 Meigs St.*

VS 150

*97099 8656*

correct age is especially important. Physicians: please write the causes of death.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8662

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LEO DONNELLY

2. DATE  
OF  
DEATH Sept. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

312 N. Paca Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

3-9-1891

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months Days If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Race Track

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Bet. Krown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

183-03-0761

17. INFORMANT

ADDRESS

Mrs. Alexander - 106 N. Athol Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Sept. 16, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-19-52

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Ind.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

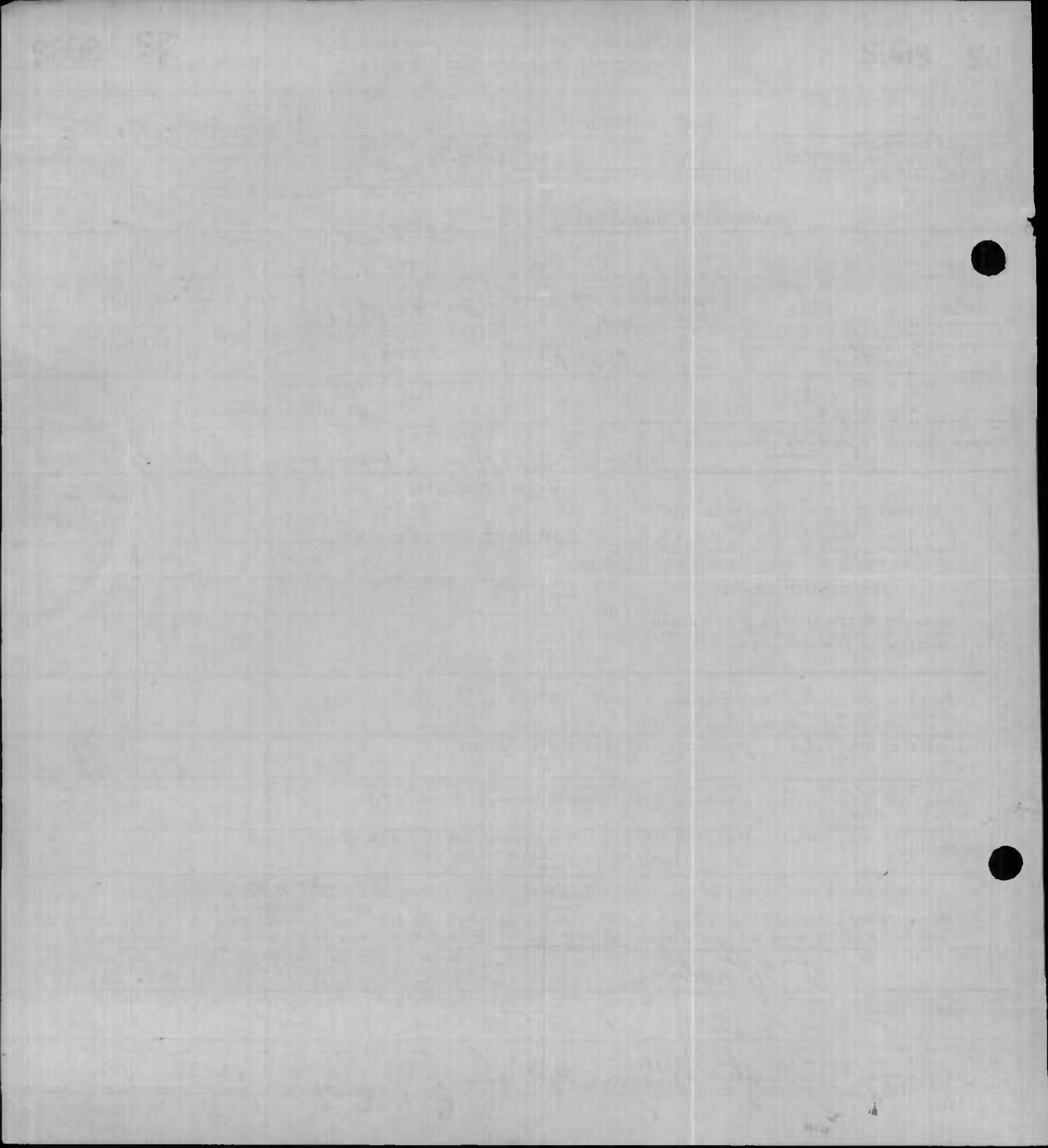
25. FUNERAL DIRECTOR

ADDRESS

George R. Farley - Catonsville Ind.

V S 151

1 9 5 2 3 9 0 8 9 8 6 5 7



52 8663

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8663

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MATILDA W. S. KEEN

2. DATE  
OF  
DEATH

Sept. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3102 Lawnview Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-01

D. STREET ADDRESS (If rural, give location)

3102 Lawnview Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 5, 1864

9. AGE (In years last birthday)

88

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Magnus Meister

14. MOTHER'S MAIDEN NAME

Marie Boerschel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Anna Gordon 13

ADDRESS

3102 Lawnview Ave

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-Vascular Disease  
Cerebral sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1952, to Sept 16, 1952, that I last saw the deceased alive on Sept 16, 1952 and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/20/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

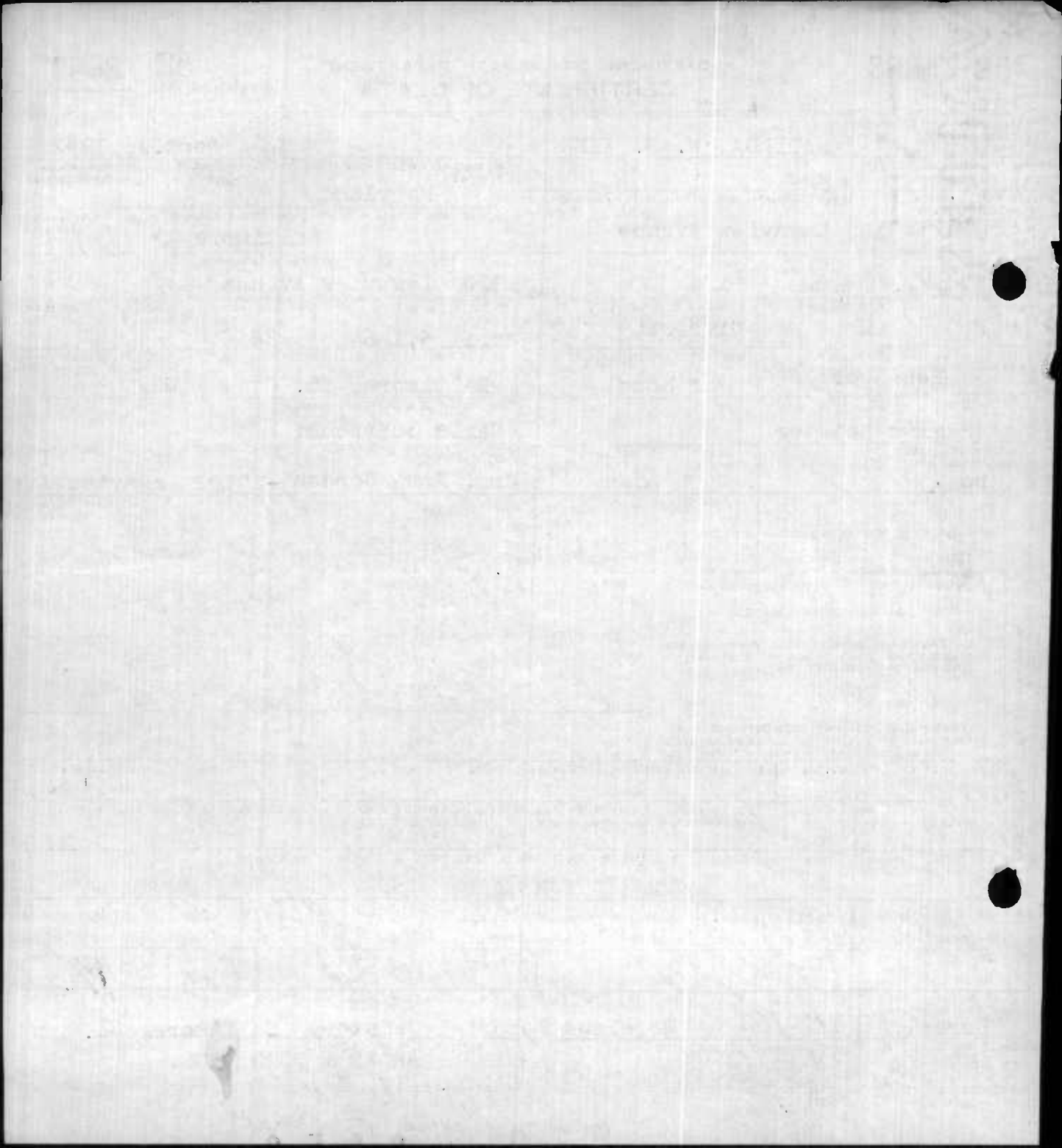
HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

1952 George F. Sander





52 8664

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8664

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sophia M. Winkler

2. DATE  
OF  
DEATH

Sept. 18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2825 Lake Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2825 Lake Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

2825 Lake Ave.

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 2, 1870

9. AGE (In years)

last birthday 82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Winkler

14. MOTHER'S MAIDEN NAME

Wilhelmina Grive

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Herbert Hopfield, 2828 Mayfield Ave.

18. 331X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

10 days.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Hypertension  
Arteriosclerosisyear  
"1II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from June 1947, to Sept 18, 1952, that I last saw the deceased alive on 9-17, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William L. Jeonice

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

9-19-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 20/52

24C. NAME OF CEMETERY OR CREMATORY

St. Matthew's Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Philip's Heurighans, 2024 Orleans St.

VS 150

19520208650

MEDICAL CERTIFICATION

STATE OF CALIFORNIA

PLANT INDUSTRY

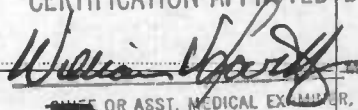
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PLANT INDUSTRY	PLANT INDUSTRY
PLANT INDUSTRY	PLANT INDUSTRY
PLANT INDUSTRY	PLANT INDUSTRY

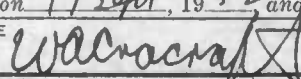
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8665  
Registered No. 52 8665

52 8665  
BIRTH NO. 48-01718

1. NAME OF DECEASED (Type or Print) <b>JOSEPH EDWARD JANSSEN</b>		2. DATE OF DEATH <b>17 SEPT 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Union Memorial Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-05</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3102 Ellerslie Ave 18</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>January 25 1948 4yr</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>JOHN JANSSEN</b>		14. MOTHER'S MAIDEN NAME <b>CATHERINE Bach</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>JOHN JANSSEN</b>		ADDRESS <b>3102 Ellerslie Ave</b>	

18. <b>E902.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>Intracranial Hemorrhage</b> DUE TO  ANTECEDENT CAUSES  <b>Contusion of Brain</b> DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  <b>II</b>	INTERVAL BETWEEN ONSET AND DEATH  <b>18 hours</b>
CERTIFICATION APPROVED BY  _____ OR ASST. MEDICAL EXAMINER	

19A. DATE OF OPERATION <b>16 Sept 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Right cerebral ventricular bleeding, slight</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>accident</b>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>about home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3102 Ellerslie Ave 18 (5fr)</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept 16 1952 12<sup>30</sup> AM</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Fell while playing on bushel baskets</b>			
22. I hereby certify that I attended the deceased from <b>16 Sept 1952</b> , to <b>17 Sept 1952</b> , that I last saw the deceased alive on <b>17 Sept 1952</b> and that death occurred at <b>6<sup>25</sup> AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE 		23B. ADDRESS <b>Union Memorial Hosp</b>		23C. DATE SIGNED <b>Sept 17 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 20 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Anne Arundel Co Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>J. Melville Jenkins</b>	
				ADDRESS <b>2713 Kirk Ave</b>	

508

OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK

1913

*[Faint, mostly illegible text follows, appearing to be a list or series of entries.]*

-353

52 8666

# STANATELOS

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. 52 8666

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

STANATELOS, John

2. DATE  
OF  
DEATH

9-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Seaside Hospital*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Ind.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. 2-03

D. STREET ADDRESS (If rural, give location)

901 Fell St. # 31

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Retired LABORER - General

11. BIRTH PLACE (State or foreign country)

Greece

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Stanatelos

14. MOTHER'S MAIDEN NAME

Agnes Bowles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. L. Stanatelos 901 Fell St.

18. 163 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of the lung

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Secondary cancers of the lung.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7-3, 1952 to 7-19, 1952 that I last saw the  
deceased alive on 8-17, 1952 and that death occurred at 8:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

*Chalmers*

M. D.

23B. ADDRESS

Seaside Hospital

23C. DATE SIGNED

9-17-52.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 20 1952

St. Matthews Cem

Chimney St. E.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1952

Huntington Williams, M.D.

Leo S. Lesok 1201-032

Patterson Park

avo

VS 150

5 2 0 9 7 7 0 8 9 6 0 1

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Age at Death		Sex	
Cause of Death		Occupation	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	



# CERTIFICATE CORRECTED 9-23-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

AB-163175

52 8667

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

William Black, Jr.

2. DATE  
OF  
DEATH

Sept. 16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland B. COUNTY \_\_\_\_\_

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1322 N. Ellwood Ave. zone 13

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

March 15-1941

9. AGE (In years last birthday)

11

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Black

14. MOTHER'S MAIDEN NAME

Jean Mastalski (Nastalski)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 343X

### CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Possible Encephalitis

3 days

DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16-15, 1952, to 9-16, 1952, that I last saw the deceased alive on 9-16, 1952, and that death occurred at 12.55PM., from the causes and on the date stated above.

23A. SIGNATURE

HC John Ben W.D.

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md. 9-16-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

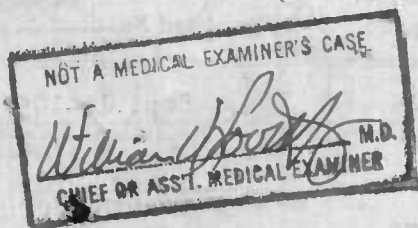
ADDRESS

Les & Corp 1701 Patterson Pk

SEP 19 1952

TO BE APPROVED BY THE MEDICAL EXAMINER

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8668  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*FRANK B. BLACK*

2. DATE  
OF  
DEATH

*SEPT. 17, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

*801 WILLIAM ST.*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*BALTIMORE 22-01*

D. STREET ADDRESS (If rural, give location)

*801 WILLIAM ST*

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*DIVORCED*

8. DATE OF BIRTH

*APRIL 29, 1868*

9. AGE (In years  
last birthday)

*84*

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*DRIVER*

10B. KIND OF BUSINESS OR  
INDUSTRY

*TRUCKING*

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*SAMUEL BLACK*

14. MOTHER'S MAIDEN NAME

*ADELINE RHODES*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS  
*MRS ANNA F. HIGDON 801 WILLIAM ST.*

18. *472.1*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) *arterio sclerotic changes*

*1 day*

DUE TO *vascular disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *auricular fibrillation*

*1 year*

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *Sept 10*, 1952, to *Sept 17*, 1952, that I last saw the  
deceased alive on *Sept 16*, 1952, and that death occurred at *2 P. M.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*BURIAL*

*SEPT. 20, '52*

*LODGE PARK*

*FREDERICK RD*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 19 1952*

*Huntington Williams, M.D.*

*JOHN F. DENNY, INC. 715 LIGHT ST*

VS 150

-30

19520008663

correct age is especially important. Physicians: please print name and address.

MEDICAL CERTIFICATION

10:30-12:30 A M

8-9 PM

1279 WILLIAM

52 8669

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8669

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William E. Pearson

2. DATE  
OF  
DEATH

Sept. 19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 601 W. Mosher St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(if outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

15 yrs

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

6-26-1913

9. AGE (in years  
last birthday)

39 yrs

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Day laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Pearson

14. MOTHER'S MAIDEN NAME

Ellen Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Susie Pearson 1601 W. Mosher St

18.

442X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) Hypertensive - Cortis - Vas. - Renal Disease 7 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Pneumonia, lob

Sept 5-7<sup>a</sup>

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1952, to Sept 19, 1952, that I last saw the  
deceased alive on Sept 18, 1952, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George M. Donald

M. D.

23B. ADDRESS

844 N. Carey St. Balt. Md

23C. DATE SIGNED

9/19/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-52

24C. NAME OF CEMETERY OR CREMATORY

Marion

24D. LOCATION (City, town, or county) (State)

S. C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Hayes

438 N. 9th St

VS 150

5 97099 8 6 6 4

If means, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

1000

RECEIVED FOR THE DIRECTOR  
CENTRAL CASE OF DEATH

1000



52 8670

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8670

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thelma Armstrong

2. DATE  
OF  
DEATH

Sept. 17. 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2529 Arunah ave

4. USUAL RESIDENCE

(Where deceased lived, if institution: residence before admission)

STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 27. 1904

9. AGE (In years  
last birthday)

48 yrs

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Armstrong

14. MOTHER'S MAIDEN NAME

Sarah Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, No or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Gladys Edwards, 2529 Arunah Ave

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of cervix

about 6 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 9, 1952 to Sept. 17, 1952, that I last saw the deceased alive on Aug. 7, 1952, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

C.R. Cuthell

M. D.

718 Dolphin St.

9-18-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Buried

9-22-52

Arbutus Ave

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1952

Huntington Williams, M.D. James Asdaup

638 N. Belton St

VS 150

Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

07-28

OFFICE OF THE DIRECTOR  
CENTRAL INTELLIGENCE AGENCY

07-28



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630

52 8671

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8671  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LULA M. WARD

2. DATE  
OF  
DEATH

Sept. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2733 Fenwick Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2733 Fenwick Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 8, 1869

9. AGE (in years  
last birthday)

82

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

McKensie Robertson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ernest G. Ward - 2733 Fenwick Ave.

18. 4 yrs. 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Arteriosclerosis

5 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Apr. 1952, to Sept. 1952, that I last saw the deceased alive on Sept. 17, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/20/52

24C. NAME OF CEMETERY OR CREMATORY

Bivalve Meth. Ch. Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1952  
Huntington Williams, M.D.

Wm. J. Dickner & Sons

VS 150

1952 270 00 8666

Balto. 17, Md



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420

52 8672

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8672

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>E. PAUL BEHLES, SR.</b>		2. DATE OF DEATH <b>Sept. 18, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>12-01</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3808 Juniper Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3808 Juniper Rd.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 15, 1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Architect</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Commercial</b>	9. AGE (In years last birthday) <b>63</b>
13. FATHER'S NAME <b>Nicholas Behles</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Paula M. Behles - 3808 Juniper Rd.</b>		ADDRESS	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO (A) <b>Cerebral hemorrhage</b> DUE TO (B) <b>Hypertension</b> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>5 Months</b> <b>Second yrs.</b>	CAUSE OF DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>1</b>	19B. MAJOR FINDINGS OF OPERATION <b>1</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

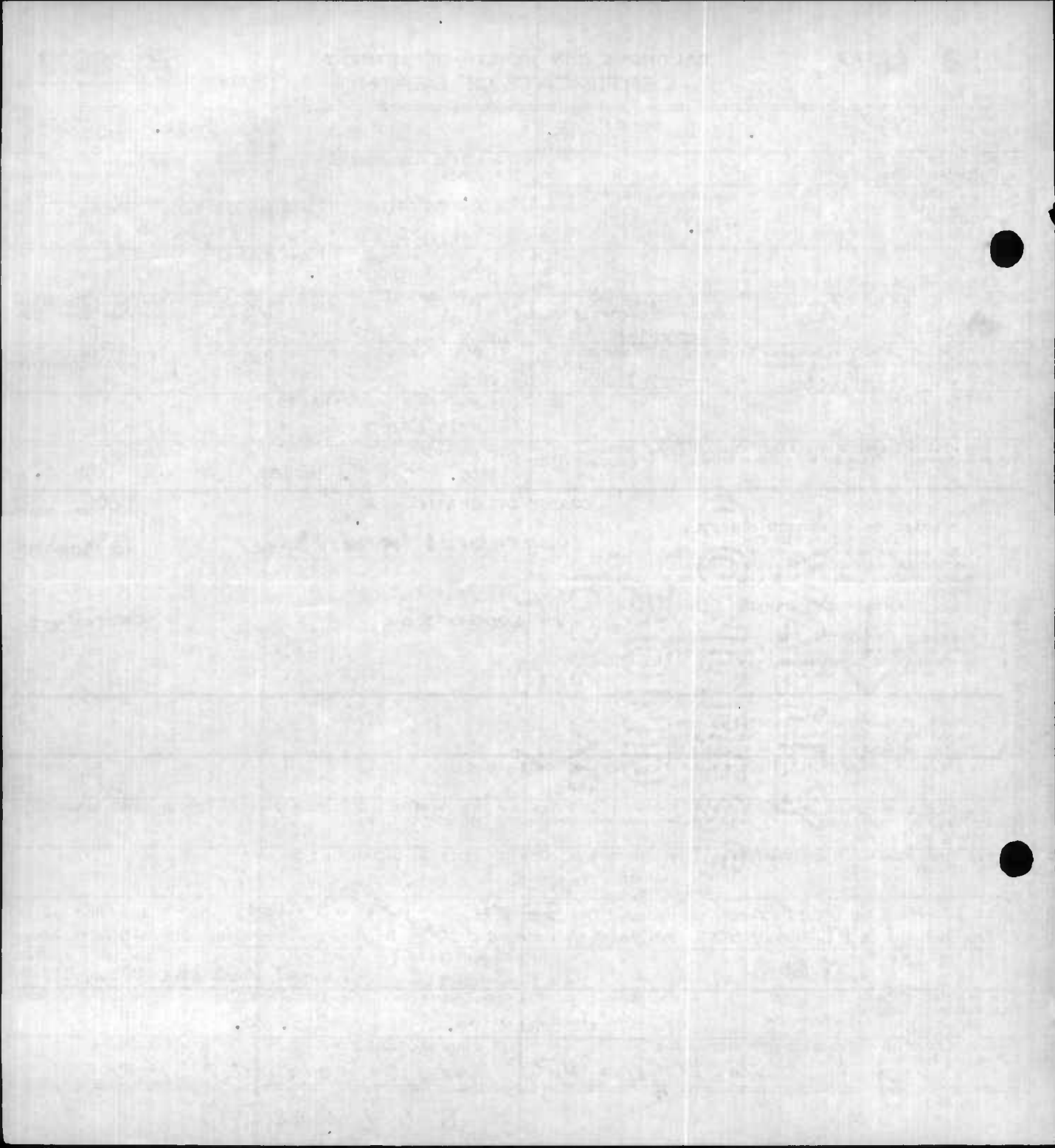
22. I hereby certify that I attended the deceased from **4 Sepi.** 19**52** to **18 Sepi.** 19**52**, that I last saw the deceased alive on **17 Sepi.** 19**52**, and that death occurred at **3:18** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Robert W. Quinn</b>	23B. ADDRESS <b>4 York Road, Towson, Balt. Md.</b>	23C. DATE SIGNED <b>19 Sepi. 1952</b>
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/25/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral C em.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b>	ADDRESS <b>Balto 17, Md.</b>
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VS 150  
0038866





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8673

Registered No. \_\_\_\_\_

BIRTH NO. 52-21267

1. NAME OF DECEASED (Type or Print) <u>MARK ALEXANDER BRANDT</u>		2. DATE OF DEATH <u>18 Sept 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>✓</u>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Maryland.</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Union Memorial Hospital.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-48</u>	
c. Length of stay in Baltimore <u>9</u> Yrs. <u>0</u> Mos. <u>0</u> Days		D. STREET ADDRESS (If rural, give location) <u>1016 DARTMOUTH Rd. 12.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>9 Sept 1952</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>9</u> Months: _____ Days: _____ Hours: _____ Min. _____	
10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>	
13. FATHER'S NAME <u>Edwin Herbert Brandt Jr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> <u>✓</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		14. MOTHER'S MAIDEN NAME <u>Nancy S. May.</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <u>Edwin Herbert Brandt Jr. Same.</u>	

18. <u>764.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>pneumonia</u> DUE TO <u>secondary to</u> ANTECEDENT CAUSES (B) <u>enteritis</u> DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>9/20/52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>15 Sept</u> , 19 <u>52</u> to <u>18 Sept</u> , 19 <u>52</u> that I last saw the deceased alive on <u>18 Sept</u> , 19 <u>52</u> , and that death occurred at <u>8:05 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. D. Hubbard</u>		23B. ADDRESS <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>18 Sept 52.</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/20/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>	
				24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEPT 19 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>J. S. Sikes &amp; Sons</u>	

Balto 17, Md.

Correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of employer		19. Signature of neighbor		20. Signature of community	
21. Signature of family		22. Signature of friends		23. Signature of neighbors		24. Signature of community	
25. Signature of church		26. Signature of school		27. Signature of employer		28. Signature of neighbor	
29. Signature of community		30. Signature of family		31. Signature of friends		32. Signature of neighbors	
33. Signature of community		34. Signature of church		35. Signature of school		36. Signature of employer	
37. Signature of neighbor		38. Signature of community		39. Signature of family		40. Signature of friends	
41. Signature of neighbors		42. Signature of community		43. Signature of church		44. Signature of school	
45. Signature of employer		46. Signature of neighbor		47. Signature of community		48. Signature of family	
49. Signature of friends		50. Signature of neighbors		51. Signature of community		52. Signature of church	
53. Signature of school		54. Signature of employer		55. Signature of neighbor		56. Signature of community	
57. Signature of family		58. Signature of friends		59. Signature of neighbors		60. Signature of community	
61. Signature of church		62. Signature of school		63. Signature of employer		64. Signature of neighbor	
65. Signature of community		66. Signature of family		67. Signature of friends		68. Signature of neighbors	
69. Signature of community		70. Signature of church		71. Signature of school		72. Signature of employer	
73. Signature of neighbor		74. Signature of community		75. Signature of family		76. Signature of friends	
77. Signature of neighbors		78. Signature of community		79. Signature of church		80. Signature of school	
81. Signature of employer		82. Signature of neighbor		83. Signature of community		84. Signature of family	
85. Signature of friends		86. Signature of neighbors		87. Signature of community		88. Signature of church	
89. Signature of school		90. Signature of employer		91. Signature of neighbor		92. Signature of community	
93. Signature of family		94. Signature of friends		95. Signature of neighbors		96. Signature of community	
97. Signature of church		98. Signature of school		99. Signature of employer		100. Signature of neighbor	
101. Signature of community		102. Signature of family		103. Signature of friends		104. Signature of neighbors	
105. Signature of community		106. Signature of church		107. Signature of school		108. Signature of employer	
109. Signature of neighbor		110. Signature of community		111. Signature of family		112. Signature of friends	
113. Signature of neighbors		114. Signature of community		115. Signature of church		116. Signature of school	
117. Signature of employer		118. Signature of neighbor		119. Signature of community		120. Signature of family	
121. Signature of friends		122. Signature of neighbors		123. Signature of community		124. Signature of church	
125. Signature of school		126. Signature of employer		127. Signature of neighbor		128. Signature of community	
129. Signature of family		130. Signature of friends		131. Signature of neighbors		132. Signature of community	
133. Signature of church		134. Signature of school		135. Signature of employer		136. Signature of neighbor	
137. Signature of community		138. Signature of family		139. Signature of friends		140. Signature of neighbors	
141. Signature of community		142. Signature of church		143. Signature of school		144. Signature of employer	
145. Signature of neighbor		146. Signature of community		147. Signature of family		148. Signature of friends	
149. Signature of neighbors		150. Signature of community		151. Signature of church		152. Signature of school	
153. Signature of employer		154. Signature of neighbor		155. Signature of community		156. Signature of family	
157. Signature of friends		158. Signature of neighbors		159. Signature of community		160. Signature of church	
161. Signature of school		162. Signature of employer		163. Signature of neighbor		164. Signature of community	
165. Signature of family		166. Signature of friends		167. Signature of neighbors		168. Signature of community	
169. Signature of church		170. Signature of school		171. Signature of employer		172. Signature of neighbor	
173. Signature of community		174. Signature of family		175. Signature of friends		176. Signature of neighbors	
177. Signature of community		178. Signature of church		179. Signature of school		180. Signature of employer	
181. Signature of neighbor		182. Signature of community		183. Signature of family		184. Signature of friends	
185. Signature of neighbors		186. Signature of community		187. Signature of church		188. Signature of school	
189. Signature of employer		190. Signature of neighbor		191. Signature of community		192. Signature of family	
193. Signature of friends		194. Signature of neighbors		195. Signature of community		196. Signature of church	
197. Signature of school		198. Signature of employer		199. Signature of neighbor		200. Signature of community	

460  
52 8674BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8674  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Luke Francis Miller Jr.</b>		2. DATE OF DEATH <b>Sept 18, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>-</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-12</b>	
C. Length of stay in Baltimore <b>\$9 Yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>111 Tunbridge Road.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 18, 1902</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter - owner</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Butcher</b>	9. AGE (In years, last birthday) <b>49</b> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry Miller</b>		14. MOTHER'S MAIDEN NAME <b>Charlotte Saver</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Mr Luke F. Miller, Jr.</b>		ADDRESS <b>946 E. 41<sup>st</sup> St, Balto</b>	

18. <b>4201 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction</b> DUE TO <b>Coronary Occlusion.</b> DUE TO <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>Myocardial infarction</b> <b>Coronary Occlusion.</b>	INTERVAL BETWEEN ONSET AND DEATH <b>4 Hours</b>
--	--	--

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 18</b> , 1952, to <b>Sept 18</b> , 1952, that I last saw the deceased alive on <b>Sept 18</b> , 1952, and that death occurred at <b>3:10 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Alfred H. Osseman, Jr.</b>		23B. ADDRESS <b>2800 E. Chase Street, Baltimore</b>		23C. DATE SIGNED <b>Sept 18, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/22/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>		24E. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>		24F. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Vickner &amp; Sons</b>	
VS 150		6426A 866		Balto 17, Md.	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8675

52 8675

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Harry F. Bachman**

2. DATE  
OF  
DEATH

**Sept. 17/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**404 S. Vincent St**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**404 S. Vincent St**

c. Length of stay in Baltimore

**Life**

5. SEX

**Male**

6. COLOR OR RACE

**W.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**Dec. 26, 1881**

9. AGE (In years last birthday)

**70**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired Drill Press**

10B. KIND OF BUSINESS OR INDUSTRY

**Koppers Co.**

11. BIRTHPLACE (State or foreign country)

**Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**----Bachman**

**PISTON RINGS (M)**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

**412 07 5193**

17. INFORMANT

ADDRESS

**Mrs. Irma DuBritton, 404 S. Vincent St**

18. **464X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardiac thrombosis**  
DUE TO

**1 hr.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **- Phlebitis**  
DUE TO

**2 months**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 23, 1952**, to **Sept 17, 1952**, that I last saw the deceased alive on **Sept 16, 1952**, and that death occurred at **12:01 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**Burial**

**Sept. 20/52**

**New Cathedral**

**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

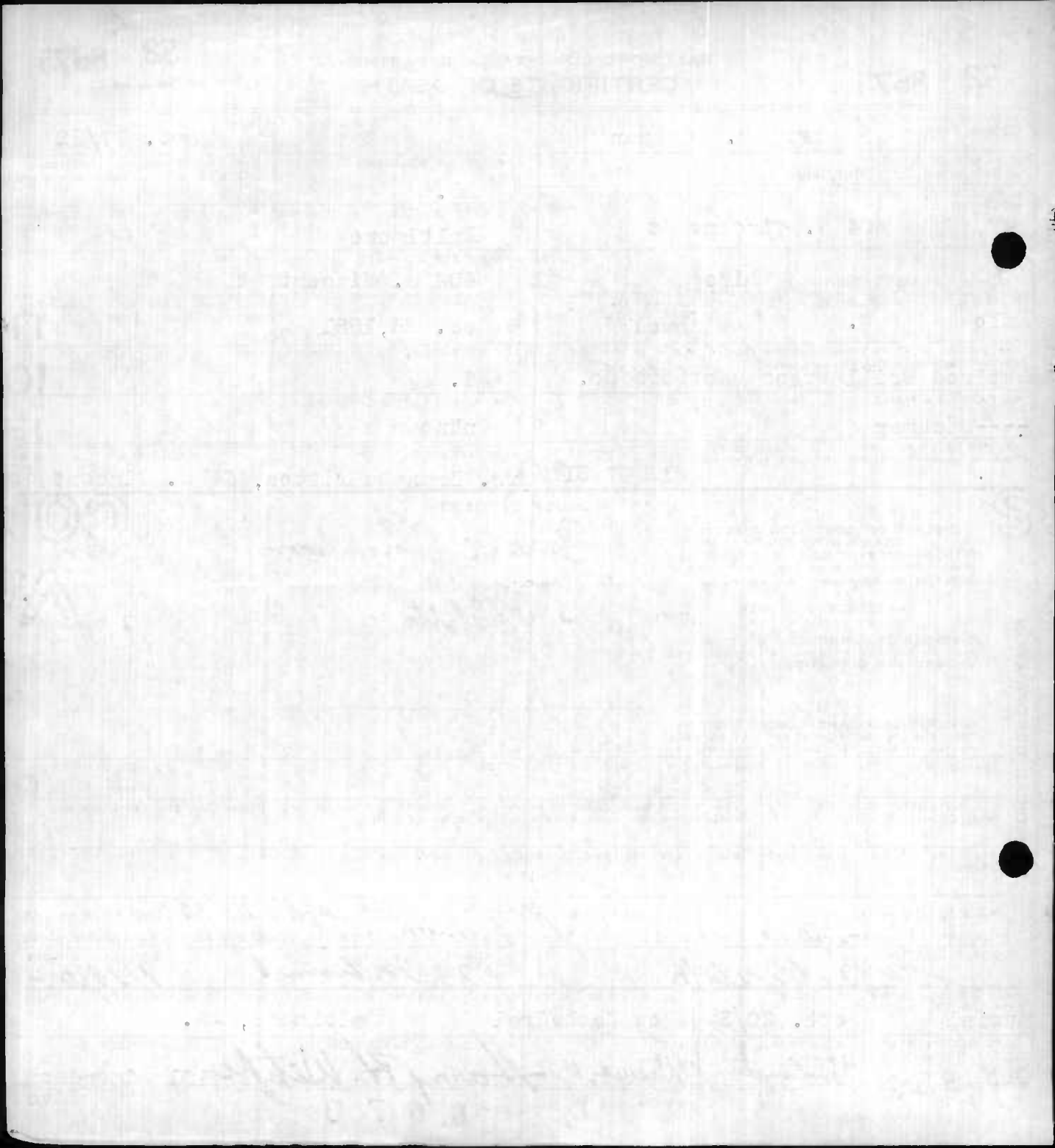
25. FUNERAL DIRECTOR

ADDRESS

**SEP 19 1952**

**Huntington Williams, M.D. Harry H. Witzke**

**4101 Edmondson Ave**





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8676  
Registered No.

BIRTH NO. 130

1. NAME OF DECEASED  
(Type or Print) *Nancy Maffett*

2. DATE OF DEATH *September 18, 1952*  
If deceased lived in institution: residence before admission)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland *1022*

4. USUAL RESIDENCE (Where deceased lived before admission)  
A. STATE *Mich.*  
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION  
*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Kalamazoo* *V-19*

D. STREET ADDRESS (If rural, give location)  
*619 Clinton Ave.*

Length of stay in Baltimore *7 days*

5. SEX *Female*

6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*Single*

8. DATE OF BIRTH  
*7-27-52*

9. AGE (In years last birthday) *1*  
If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Infant*

10B. KIND OF BUSINESS OR INDUSTRY  
*Infant*

11. BIRTHPLACE (State or foreign country)  
*Kalamazoo-Mich*

12. CITIZEN OF WHAT COUNTRY?  
*U.S.A.*

13. FATHER'S NAME  
*Ruben Maffett*

14. MOTHER'S MAIDEN NAME  
*Martha Powell*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
*Infant*

16. SOCIAL SECURITY NO.  
*NO*

17. INFORMANT *JOHNS HOPKINS HOSPITAL*

18. *754.4*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*CONGENITAL HEART DISEASE*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH  
*2 mo.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION  
*2*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-11*, 1952, to *9-18*, 1952, that I last saw the deceased alive on *9-18*, 1952, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE *J.E. Vincent*

M. D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *9/18/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Removal*

24B. DATE  
*Sept. 19, 1952*

24C. NAME OF CEMETERY OR CREMATORY  
*Laureland Funeral Chapel, Kalamazoo Mich.*

24D. LOCATION (City, town, or county) (State)  
*Kalamazoo Mich.*

DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 19 1952*

REGISTRAR'S SIGNATURE  
*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR  
*Bay B. Woberton Funeral Home, Inc.*

VS 150

*195200 403-E-25th St Baltimore-18-Md.*

MEDICAL CERTIFICATION

5708

CERTIFICATE OF DEATH

1911

1911

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1911

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8677

400 (07708)  
BIRTH NO. 52 8677  
72-02708

1. NAME OF DECEASED (Type or Print) <u>Granley Clay</u>			2. DATE OF DEATH <u>September 17, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>17-03</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>433 N. Fremont Ave.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-5-52</u>	9. AGE (In years last birthday) <u>5</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
13. FATHER'S NAME <u>Sean Clay</u>			14. MOTHER'S MAIDEN NAME <u>Dorothy Hart</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>571.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Renal insufficiency</u> DUE TO (B) <u>Adenoc.</u> DUE TO (C) <u>Diabetes</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
---	---

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9-16, 1952, to 9-17, 1952, that I last saw the deceased alive on 9-17, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Herman Pinkston</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>9/20/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>W.T. Jackson Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 19 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Max Katie R Williams</u> ADDRESS <u>322 N. Schroeder St</u>	

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF DENVER

79-1-1



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8678**

1. NAME OF DECEASED  
(Type or Print)

**Kenneth G. Wilson**

2. DATE  
OF  
DEATH

**9/16/1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**619 N. Carrollton Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Balto.**

D. STREET ADDRESS (If rural, give location)  
**619 N. Carrollton Ave**

Length of stay in Baltimore

5. SEX **Male**

6. COLOR OR RACE **Col.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married (Sep)**

8. DATE OF BIRTH

**Feb. 29/1916**

9. AGE (In years last birthday) **36**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**Copper Works**

11. BIRTHPLACE (State or foreign country)

**Mackinburg Pa**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Edward Wilson**

14. MOTHER'S MAIDEN NAME

**Carline**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**Yes WWII**

16. SOCIAL SECURITY NO.

17. INFORMANT **Annie Taylor** ADDRESS **619 N. Carrollton Ave**

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

**Carcinoma of Stomach**

ANTECEDENT CAUSES

(B) DUE TO

**Malnutrition +**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

**Relaxation**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/5/16**, 19**16**, to **9/16/52**, that I last saw the deceased alive on **9/16/52**, and that death occurred at **603 N. M.**, from the causes and on the date stated above.

23A. SIGNATURE

**William Garner**

23B. ADDRESS

**752 George St**

23C. DATE SIGNED

**9/19/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9/22/52**

24C. NAME OF CEMETERY OR CREMATORY

**Balto. National Cem**

24D. LOCATION (City, town, or county)

**Balto.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Wil**

25. FUNERAL DIRECTOR

**Mrs Katie R. Williams**

ADDRESS

**322 N. Schowen St**

**SEP 19 1952**

VS 150

**1952 976378 673**

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Government of Tennessee  
—  
Molloy  
Tulip

5/10/19  
J. S. (last)  
8/10/19  
J. S. (last)



452  
52 8679BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8679

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Agnes May Collins</b>			2. DATE OF DEATH <b>September 18, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1303 Cox Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1303 Cox Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 18, 1895</b>	9. AGE (In years last birthday) <b>57</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Weaver</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Textile Manufacturing</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			13. FATHER'S NAME <b>John R. Collins</b>		
14. MOTHER'S MAIDEN NAME <b>Agnes Gertrude Anderson</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>215-07-6363</b>			17. INFORMANT ADDRESS <b>Mrs. Alois G. Offutt Dorsey, Maryland</b>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>170X I</b> <b>Carcinoma Breast c-</b> <b>Generalized carcinomatosis</b>	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>1 year.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-7-** 19**51**, to **9-19-** 19**52** that I last saw the deceased alive on **9-17,** 19**52** and that death occurred at **4 A. m.,** from the causes and on the date stated above.

23A. SIGNATURE <b>Lawrence J. Humann</b>		23B. ADDRESS <b>3711 Falls Rd</b>		23C. DATE SIGNED <b>9-19-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 20, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Glen Haven Memorial Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Anne Arundel Co., Maryland</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>			
24F. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Burgee Funeral Home 3631 Falls Road</b>			

# CERTIFICATE OF DEATH

STATE OF NEW YORK

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of family</p>	

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 8680

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Hamill

2. DATE  
OF  
DEATH

9/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-15

D. STREET ADDRESS (If rural, give location)

1203 SABINA AVE.

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

SEPT. 12, 1952

9. AGE (In years last birthday)

—

If Under 1 Year: Months: Days: Hours: Min.

— 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

prematurity

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES B. HAMILL

14. MOTHER'S MAIDEN NAME

MARGARET ANN CAVERLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS James Bruce Hamill 1203 Sabina Ave.

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

No injury

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

No injury

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

No injury

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

No injury

22. I hereby certify that I attended the deceased from 9/12, 1952, to 9/18, 1952, that I last saw the deceased alive on 9/18, 1952, and that death occurred at 1:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher

M. D.

23B. ADDRESS

University Hospital, Balt.

23C. DATE SIGNED

9/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sep. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Surgue, Funeral Home

ADDRESS

3631 Falls Road

Horace F. Surgue

VS 150

195205086

correct age is essential

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH  
CENTRAL BUREAU OF VITAL STATISTICS

CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

DEATH OF BERNARD J. BERNARDY  
1910-1911  
BORN 1910-1911  
DIED 1910-1911  
CAUSE OF DEATH

630  
52 8681  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8681

1. NAME OF DECEASED (Type or Print) <i>MRS. MARGARET E. VORRATH</i>			2. DATE OF DEATH <i>9-18-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>30 N. FULTON AVE</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 20-01</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>30 N. FULTON AVE</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>1878</i>	9. AGE (In years, last birthday) <i>74</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>GEORGE ENDRES</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>			16. SOCIAL SECURITY NO. <i>NO</i>		
17. INFORMANT <i>CHARLES SPONSORER, 142 WILSON ST</i>			ADDRESS		

18. *331X I*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Cerebral Hemorrhage*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
*2 days.*

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9/16*, 1952, to *9/18*, 1952, that I last saw the deceased alive on *9/17*, 1952, and that death occurred at *9:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Albert Scagnitti</i>	23B. ADDRESS <i>1729 W. Lombard St</i>	23C. DATE SIGNED <i>9/19/52</i>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Com</i>	24D. LOCATION (City, town, or county) (State) <i>4430 Bel Air Rd BALTO MD</i>
--	-----------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Thomas J. Keenan Inc</i>	ADDRESS <i>1600 Hollins St</i>
--	---	---	-----------------------------------

520308676

1923

8

RECEIVED BY THE BOARD OF DIRECTORS

THE BOARD OF DIRECTORS

OF THE

AMERICAN

SAVINGS

AND

LOAN

ASSOCIATION

OF

THE

UNITED

STATES

OF

AMERICA

INCORPORATED

IN

THE

STATE

OF

NEW

JERSEY

AND

THE

CITY

OF

NEW

JERSEY

INCORPORATED

IN

THE

STATE

OF

NEW

JERSEY

AND

THE

CITY

OF

NEW

JERSEY

INCORPORATED

IN

THE

STATE

OF

NEW

JERSEY



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8682**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**FREDERICK HOFMANN**

2. DATE  
OF  
DEATH

**Sept. 18, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**US Public Health Service Hospital  
Wyman Pk. Drive & 31st Street**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**705 S. Eaton Street**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**5/30/88**

9. AGE (In years last birthday)

**64**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**None**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**John Peter Hofmann**

14. MOTHER'S MAIDEN NAME

**Marguretta Krause**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**Yes**

**WW I - USA**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

ADDRESS

**Records- US PHS Hospital, Balto, Md.**

18.

**141X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Carcinoma right lung**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
**Approx. 2 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**Carcinoma of tongue**

DUE TO

**Approx. 2 yrs.**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June 6, 1952**, to **Sept. 18, 1952**, that I last saw the deceased alive on **Sept. 18, 1952**, and that death occurred at **11:55 AM** from the causes and on the date stated above.

23A. SIGNATURE

**J.A. Hunter, Clinical Director**

M. D.

23B. ADDRESS

**US PHS Hospital, Balto, Md.**

23C. DATE SIGNED

**9/18/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**9/22/52**

24C. NAME OF CEMETERY OR CREMATORY

**SCHWARTZ'S**

24D. LOCATION (City, town, or county)

**BALTIMORE MD**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 19 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D. Clarence F. Hoffmann 1639 BROADWAY**

25. FUNERAL DIRECTOR

ADDRESS

1910

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1910

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE	
JAMES H. HARRIS		45		M		W		JUL 10 1910		HARRISBURG		HARRISBURG		DAKOTA		S.D.	
CAUSE OF DEATH		DISEASE		COMPLICATIONS		MANNER OF DEATH		PLACE OF BIRTH		DATE OF BIRTH		CITY OF BIRTH		COUNTY OF BIRTH		STATE OF BIRTH	
HEART DISEASE		CORONARY ARTERY DISEASE		HYPERTENSION		SUICIDE		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
MEDICAL HISTORY		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
FAMILY HISTORY		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
SOCIAL HISTORY		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
OCCUPATION		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
EDUCATION		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
RELIGION		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
MARRIAGE		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
CHILDREN		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
SIBLINGS		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
PARENTS		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
GRANDPARENTS		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
OTHER RELATIVES		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
FRIENDS		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
NEIGHBORS		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	
OTHER		PREVIOUS ILLNESS		TREATMENT		DIAGNOSIS		HARRISBURG		JUL 10 1910		HARRISBURG		DAKOTA		S.D.	

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52 8683BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8683  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Vincent Mc Kewin</i>		2. DATE OF DEATH <i>9-19-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore City</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>69</i>		D. STREET ADDRESS (If rural, give location) <i>2823 Harlem Ave</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1883</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Ret. Steamfitter</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Richard Mc Kewin</i>		14. MOTHER'S MAIDEN NAME <i>Alice Brown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-01-7334</i>		17. INFORMANT ADDRESS <i>Grace Mc Kewin 2823 Harlem Ave</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Heart Failure</i> DUE TO ANTECEDENT CAUSES <i>Myocardial Infarction</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9-20-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10:30 AM</i> , 19 <i>52</i> to <i>1:00 AM</i> 9-19, 19 <i>52</i> , that I last saw the deceased alive on <i>9-19</i> , 19 <i>52</i> , and that death occurred at <i>1:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ad. Richardson</i>		23B. ADDRESS <i>Harv Hosp.</i>		23C. DATE SIGNED <i>9/19/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. T. Stansbury</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>2700 E. Bay Ave</i>	

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8684

1. NAME OF DECEASED (Type or Print) <b>James Nais</b>		2. DATE OF DEATH <b>Sept.-17-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>215 North Mount Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>50 Yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>215 North Mount Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May-27th-1892</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Theather</b>	9. AGE (In years last birthday) <b>60</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Henry Nais</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Nais</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Edith Nais</b>		ADDRESS <b>215 N. Mount St</b>	
18. <b>561.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> DUE TO <b>Intestinal obstruction</b> DUE TO <b>Nervous</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>7 days</b> <b>5 years</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9/10/1952</b> to <b>9/17/1952</b> , that I last saw the deceased alive on <b>9/14/1952</b> , and that death occurred at <b>9 A. M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Douglas Shepperd</b>		23B. ADDRESS <b>604 N. Fulton Ave</b>	
23C. DATE SIGNED <b>9/19/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/20/1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St Arburn Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>Elroy Wilson</b>		ADDRESS <b>1000 Brantly ave</b>	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8685

1. NAME OF DECEASED (Type or Print) <b>ULYSSES BERNARD GLOVER</b>		2. DATE OF DEATH <b>Sept. 18, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Man Pk. Drive &amp; 31st Street</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>2024 N. Bentalou Street</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5/29/11</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Social Worker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Vet. Adm- Balto, Md</b>	9. AGE (In years last birthday) <b>41</b>
13. FATHER'S NAME <b>Nelson Glover</b>		11. BIRTHPLACE (State or foreign country) <b>Md. Baltimore</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>WW 2 - USA</b>		17. INFORMANT ADDRESS <b>Records - US PHS Hospital, Balto, Md.</b>	
18. <b>CAUSE OF DEATH</b>			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocarditis, etiology unknown</b>			<b>Unknown</b>
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>Sept. 18, 1952</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 30</b> , 1952 to <b>Sept. 18</b> , 1952 that I last saw the deceased alive on <b>Sept. 18, 1952</b> , and that death occurred at <b>11 A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>J.A. Hunter, Clinical Director</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	
23C. DATE SIGNED <b>9/18/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-22-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>C. R. Waw 802 Madison Ave.</b>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8686

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HANDSOME</b>		2. DATE OF DEATH <b>September 17, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF <i>(if not in hospital or institution, give street address or location)</i> <b>Mercy Hospital</b>		C. CITY OR TOWN <i>(If outside corporate limits, write RURAL and give township)</i> <b>Baltimore</b>	
D. STREET ADDRESS <i>(If rural, give location)</i> <b>743 Bradley Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>20yrs</b> Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Oct. 22, 1904</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>RESTURANT</b>	9. AGE (In years last birthday) <b>47</b> If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME <b>?</b>		11. BIRTHPLACE (State or foreign country) <b>Columbia, S. C.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>250-09-8169</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
17. INFORMANT <b>WILLIE RUFF</b>		ADDRESS <b>743 BRADLEY ST</b>	

18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Willie Ruff</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Sept. 17, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>9/20/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. AUBURN CEM.</b>
24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>	DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>
FUNERAL DIRECTOR <i>Chas. S. Clorfen 512 Cananda St</i>		ADDRESS

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UNITED STATES DEPARTMENT OF JUSTICE

1960

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U.S. DISTRICT COURT

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52 8687BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8687  
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Mary Martin</i>	
2. DATE OF DEATH <i>Sept. 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>924</i>	
4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 25 33</i>	
D. STREET ADDRESS (If rural, give location) <i>2500 Sturton St.</i>	
c. Length of stay in Baltimore <i>40 yrs</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 7, 1896</i>
9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>DOMESTIC</i>	
13. FATHER'S NAME <i>JAMES THOMAS</i>	
14. MOTHER'S MAIDEN NAME <i>SARAH SMITH</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
ADDRESS	
18. <i>029X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gastrointestinal bleeding</i> DUE TO ANTECEDENT CAUSES <i>Cirrhosis of the Liver</i> DUE TO <i>Syphilis</i> DUE TO <i>Hypertension</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>2</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/15</i> , 19 <i>52</i> , to <i>9/17</i> , 19 <i>52</i> that I last saw the deceased give on <i>9/17</i> , 19 <i>52</i> , and that death occurred at <i>7:05 A.M.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>George A. Edwards</i>	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>9-17-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>9/24/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Fiskery Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Howard County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 19 1952</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Charles J. Cooper</i>	
ADDRESS <i>512 N. Carrollt. ave.</i>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. CAUSE OF DEATH		9. PLACE OF DEATH		10. DATE OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESSES		13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF REGISTRAR		15. SIGNATURE OF CLERK	
16. SIGNATURE OF CHURCH CLERK		17. SIGNATURE OF BURIAL OFFICIAL		18. SIGNATURE OF FUNERAL HOME		19. SIGNATURE OF CEMETERY		20. SIGNATURE OF INTERVIEWER	
21. SIGNATURE OF INTERVIEWER		22. SIGNATURE OF INTERVIEWER		23. SIGNATURE OF INTERVIEWER		24. SIGNATURE OF INTERVIEWER		25. SIGNATURE OF INTERVIEWER	
26. SIGNATURE OF INTERVIEWER		27. SIGNATURE OF INTERVIEWER		28. SIGNATURE OF INTERVIEWER		29. SIGNATURE OF INTERVIEWER		30. SIGNATURE OF INTERVIEWER	
31. SIGNATURE OF INTERVIEWER		32. SIGNATURE OF INTERVIEWER		33. SIGNATURE OF INTERVIEWER		34. SIGNATURE OF INTERVIEWER		35. SIGNATURE OF INTERVIEWER	
36. SIGNATURE OF INTERVIEWER		37. SIGNATURE OF INTERVIEWER		38. SIGNATURE OF INTERVIEWER		39. SIGNATURE OF INTERVIEWER		40. SIGNATURE OF INTERVIEWER	
41. SIGNATURE OF INTERVIEWER		42. SIGNATURE OF INTERVIEWER		43. SIGNATURE OF INTERVIEWER		44. SIGNATURE OF INTERVIEWER		45. SIGNATURE OF INTERVIEWER	
46. SIGNATURE OF INTERVIEWER		47. SIGNATURE OF INTERVIEWER		48. SIGNATURE OF INTERVIEWER		49. SIGNATURE OF INTERVIEWER		50. SIGNATURE OF INTERVIEWER	
51. SIGNATURE OF INTERVIEWER		52. SIGNATURE OF INTERVIEWER		53. SIGNATURE OF INTERVIEWER		54. SIGNATURE OF INTERVIEWER		55. SIGNATURE OF INTERVIEWER	
56. SIGNATURE OF INTERVIEWER		57. SIGNATURE OF INTERVIEWER		58. SIGNATURE OF INTERVIEWER		59. SIGNATURE OF INTERVIEWER		60. SIGNATURE OF INTERVIEWER	
61. SIGNATURE OF INTERVIEWER		62. SIGNATURE OF INTERVIEWER		63. SIGNATURE OF INTERVIEWER		64. SIGNATURE OF INTERVIEWER		65. SIGNATURE OF INTERVIEWER	
66. SIGNATURE OF INTERVIEWER		67. SIGNATURE OF INTERVIEWER		68. SIGNATURE OF INTERVIEWER		69. SIGNATURE OF INTERVIEWER		70. SIGNATURE OF INTERVIEWER	
71. SIGNATURE OF INTERVIEWER		72. SIGNATURE OF INTERVIEWER		73. SIGNATURE OF INTERVIEWER		74. SIGNATURE OF INTERVIEWER		75. SIGNATURE OF INTERVIEWER	
76. SIGNATURE OF INTERVIEWER		77. SIGNATURE OF INTERVIEWER		78. SIGNATURE OF INTERVIEWER		79. SIGNATURE OF INTERVIEWER		80. SIGNATURE OF INTERVIEWER	
81. SIGNATURE OF INTERVIEWER		82. SIGNATURE OF INTERVIEWER		83. SIGNATURE OF INTERVIEWER		84. SIGNATURE OF INTERVIEWER		85. SIGNATURE OF INTERVIEWER	
86. SIGNATURE OF INTERVIEWER		87. SIGNATURE OF INTERVIEWER		88. SIGNATURE OF INTERVIEWER		89. SIGNATURE OF INTERVIEWER		90. SIGNATURE OF INTERVIEWER	
91. SIGNATURE OF INTERVIEWER		92. SIGNATURE OF INTERVIEWER		93. SIGNATURE OF INTERVIEWER		94. SIGNATURE OF INTERVIEWER		95. SIGNATURE OF INTERVIEWER	
96. SIGNATURE OF INTERVIEWER		97. SIGNATURE OF INTERVIEWER		98. SIGNATURE OF INTERVIEWER		99. SIGNATURE OF INTERVIEWER		100. SIGNATURE OF INTERVIEWER	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8688

BIRTH NO. 360

1. NAME OF DECEASED  
(Type or Print)

**Ambrose J. Reiter**

2. DATE OF DEATH **Sept. 18, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**3307 Bloomingdale Road**

C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township)  
**Baltimore**

c. Length of stay in Baltimore

**78-** Yrs.  
Mos.  
Days

O. STREET ADDRESS (If rural, give location)  
**3307 Bloomingdale Road**

5. SEX **Male** 6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Single**

8. DATE OF BIRTH

**May 22, 1874**

9. AGE (in years last birthday) **78** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**President**

10B. KIND OF BUSINESS OR INDUSTRY  
**Reiter Grocery Co.**

11. BIRTHPLACE (State or foreign country)  
**Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Nicholas Reiter**

14. MOTHER'S MAIDEN NAME

**Mary Koehler**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Miss Mary E. Reiter 3307 Bloomingdale Rd.**

18. **331X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage**

**16 days**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24 1947 to 9/18, 1952, that I last saw the deceased alive on 9/17, 1952, and that death occurred at 438 p.m., from the causes and on the date stated above.

23A. SIGNATURE  
**Robert A. Reiter**

23B. ADDRESS  
**3408 Windsor Ave.**

23C. DATE SIGNED  
**9/19/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**9-22-1952**

24C. NAME OF CEMETERY OR CREMATORY  
**New Cathedral**

24D. LOCATION (City, town, or county) (State)  
**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**G. Howard Strong 3207 W. North Ave.**

**SEP 19 1952**

5 2 0 0 0 8 6 8 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Reiter

701 Dryden Drive

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8689 Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM BAUMGARDNER

2. DATE  
OF  
DEATH

Sept 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mary Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

53-52

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Catonsville

D. STREET ADDRESS (If rural, give location)

516 Edmondson Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 9, 1885

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Unemployed - Clerk - Food Fair

10B. KIND OF BUSINESS OR INDUSTRY

Grocery (R)

13. FATHER'S NAME

Charles Baumgardner

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

United States

14. MOTHER'S MAIDEN NAME

Sarah Ann Lohr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. John Mc Dermott, 8334 Oakleigh Rd.

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia & Sepsis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Antemortem gangrene of foot

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1952 to Sept 18, 1952 that I last saw the deceased alive on Sept 18, 1952 and that death occurred at 8:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Miller

23B. ADDRESS

3405 Parklane Ave - Balt 9/18/52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

MORELAND PARK

24D. LOCATION (City, town, or county)

BALTIMORE Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

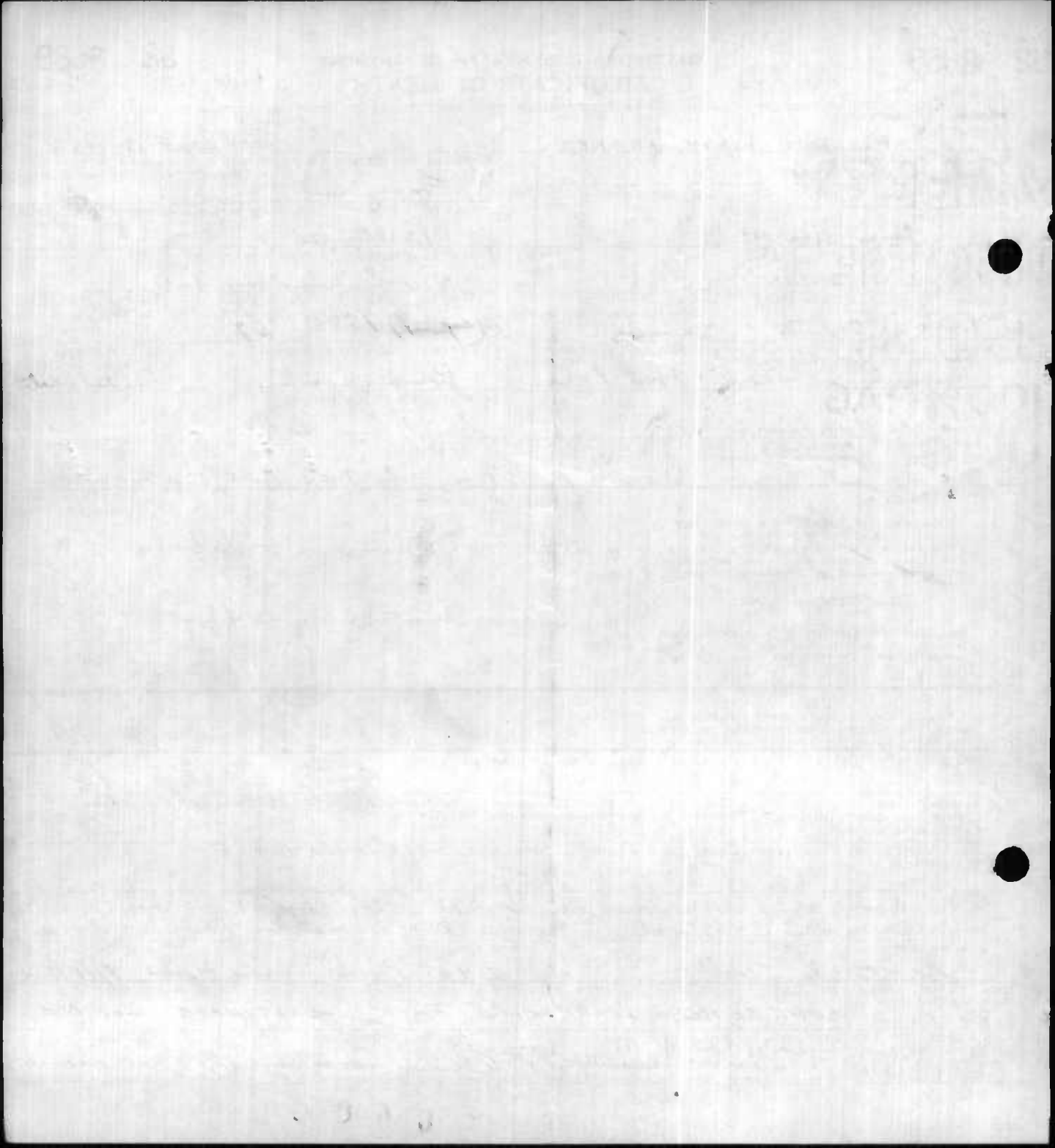
ADDRESS

William Cook, Jr. 1217 ST. PAUL ST.

SEP 19 1952

VS 150

3906408604



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8690**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Eleanor Alceston Barber**

2. DATE  
OF  
DEATH

**Sept. 18, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**St. Joseph's Hospital  
1400 N. Caroline St. #13**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**BALTIMORE MD 21-02**

D. STREET ADDRESS (If rural, give location)

**815 Washington Blvd.**

c. Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Oct 28-1910**

9. AGE (in years last birthday)

**41**

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Registered Nurse**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Penna**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**JAMES W DUFFY**

14. MOTHER'S MAIDEN NAME

**NOT KNOWN**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

**212-22-3853 CORVAL BARBER 815 WASH BLVD**

17. INFORMANT

ADDRESS

18.

**170x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Breast with Metastasis to lungs & bone**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Aug. 13, 1952** to **Sept. 18, 1952**, that I last saw the deceased alive on **Sept. 18, 1952** and that death occurred at **9:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE

**A. Andrew Reese**

M. D.

23B. ADDRESS

**1400 N. Caroline St.**

23C. DATE SIGNED

**Sept. 18, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**SHIPPING**

**SEPT. 19-52**

**CONNELLSVILLE PA**

**PA**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 19 1952**

**Huntington Williams, M.D. & Bernard C. Harle 121 E West St.**

VS 150

**5 05 PPT 8 1 0 5**

MEDICAL CERTIFICATION

Street 48 is especially important. Physicians, please write the causes of death clearly and legibly.

0000

0000





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8691  
Registered No.

536  
52 8691  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>OTIS A. ANDERSON - SR</b>			2. DATE OF DEATH <b>SEPT. 19-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southern Hospital + Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 12-03</b>		
c. Length of stay in Baltimore <b>7</b> Yrs. <del>Mos.</del> Days			D. STREET ADDRESS (If rural, give location) <b>2520 Green Mount Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-13-1874</b>		9. AGE (in years last birthday) <b>80</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cobbler</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Shoe</b>	11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>DONT KNOW</b>			14. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Richard Anderson - Lawson - Md.</b>		

18. <b>5974</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CHRONIC GLOMERULONEPHRITIS</b> DUE TO (A) <b>CHRONIC GLOMERULONEPHRITIS</b> (B) (C) DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>4 Mo.</b>
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

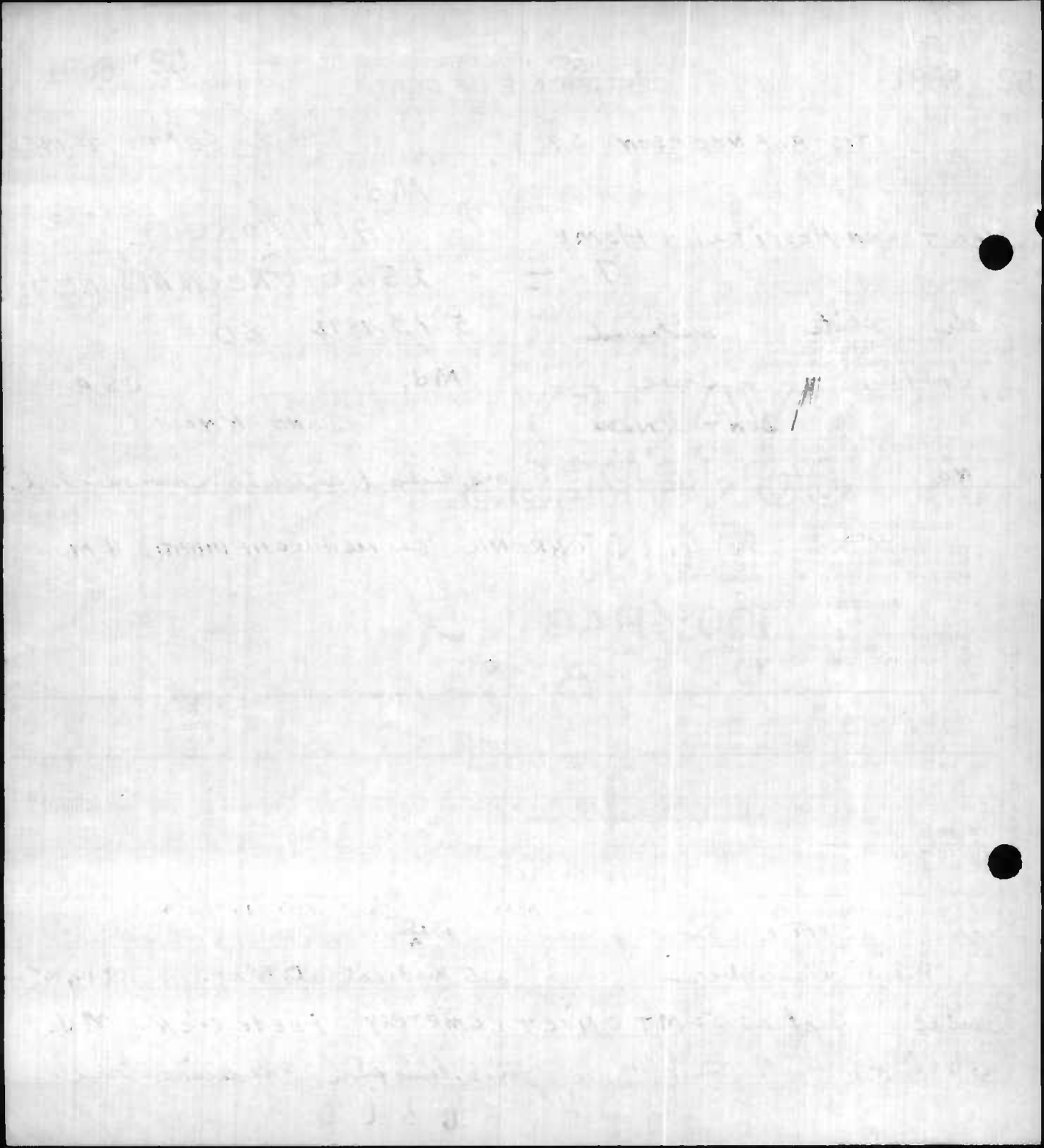
22. I hereby certify that I attended the deceased from **MAY**, 1952, to **SEPT. 19**, 1952, that I last saw the deceased alive on **SEPT 17, 1952**, and that death occurred at **10:15** a.m., from the causes and on the date stated above.

23A. SIGNATURE **H. L. Wollenweber** M. D. 23B. ADDRESS **225 Medical Arts Bldg.** 23C. DATE SIGNED **Sept 19, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 22-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET CEMETERY</b>	24D. LOCATION (City, town, or county) (State) <b>Frederick - Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 19 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>C. E. Chieffo - Frederick - Md.</b>

19520008606

MEDICAL CERTIFICATION



520  
52 8692BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8692  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Owings

2. DATE  
OF  
DEATH

9-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

13. FATHER'S NAME

JOHN H. OWINGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

NONE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

MARYLAND

B. COUNTY

HOWARD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ELLICOTT CITY, MD 63-80

D. STREET ADDRESS (If rural, give location)

PATAPSCO HEIGHTS

8. DATE OF BIRTH

6/20/1876

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

SALLY ANN DORSEY

17. INFORMANT

ADDRESS

MRS Wm. R. DORSEY ELLICOTT CITY, MD.

## CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Acute myocardial infarction

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive CARDIO-VASCULAR DISEASE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1952 to 9-19, 1952, that I last saw the  
deceased alive on 9-19, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Waugh

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-19-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/21/52

24C. NAME OF CEMETERY OR CREMATORY

ST. JOHN'S CEM.

24D. LOCATION (City, town, or county)

ELLICOTT CITY, MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Easton Sons Ellicott City, Md

19520208687

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

DATE: 10-10-68

TO: DIRECTOR, FBI

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

362  
8693

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8693

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Elizabeth May Wooters</b>		2. DATE OF DEATH <b>September 17 - 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1828 Mc Henry St</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1828 Mc Henry St Balto. Md.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1828 Mc Henry St</b>		E. ZIP CODE <b>19-04</b>	
c. Length of stay in Baltimore <b>Life</b>		Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 26 - 1917</b>
9. AGE (In years last birthday) <b>35</b>	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembly</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Household Appliance</b>	
13. FATHER'S NAME <b>Otis Lee Estep</b>		14. MOTHER'S MAIDEN NAME <b>Ann Amelia Byrd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>3821 Arbutus Ave</b>	
17. INFORMANT <b>Mrs. Ann Amelia Byrd</b>		ADDRESS <b>3821 Arbutus Ave</b>	

18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized Metastatic Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Adenocarcinoma of Ovary</b>		<b>1 yr.</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

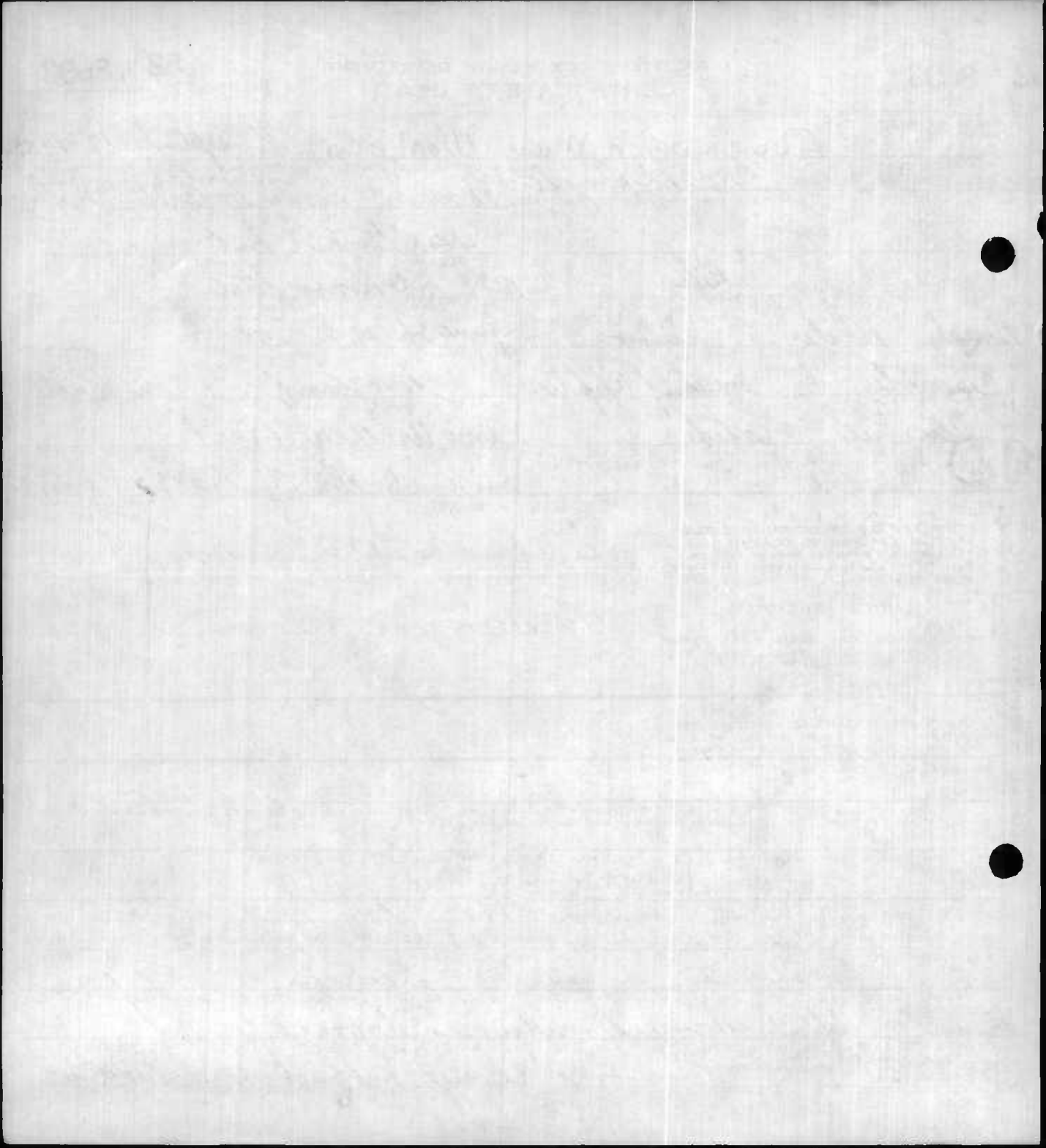
22. I hereby certify that I attended the deceased from **5/19**, 19**52** to **9/17**, 19**52** that I last saw the deceased alive on **9/17**, 19**52**, and that death occurred at **9:28** m., from the causes and on the date stated above.

23A. SIGNATURE **M. T. S. Hagler** M. D. 23B. ADDRESS **5829 Blair Rd** 23C. DATE SIGNED **9/19/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>September 24/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge Memorial</b>	24D. LOCATION (City, town, or county) (State) <b>Howard Co. Md.</b>
DATE RECEIVED BY REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>George L. Schuchert</b>	
LOCAL REGISTRAR <b>SEP 20 1952</b>		ADDRESS <b>3821 Arbutus Ave</b>	

69532

MEDICAL CERTIFICATION





500  
52 8694

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8694

BIRTH NO.

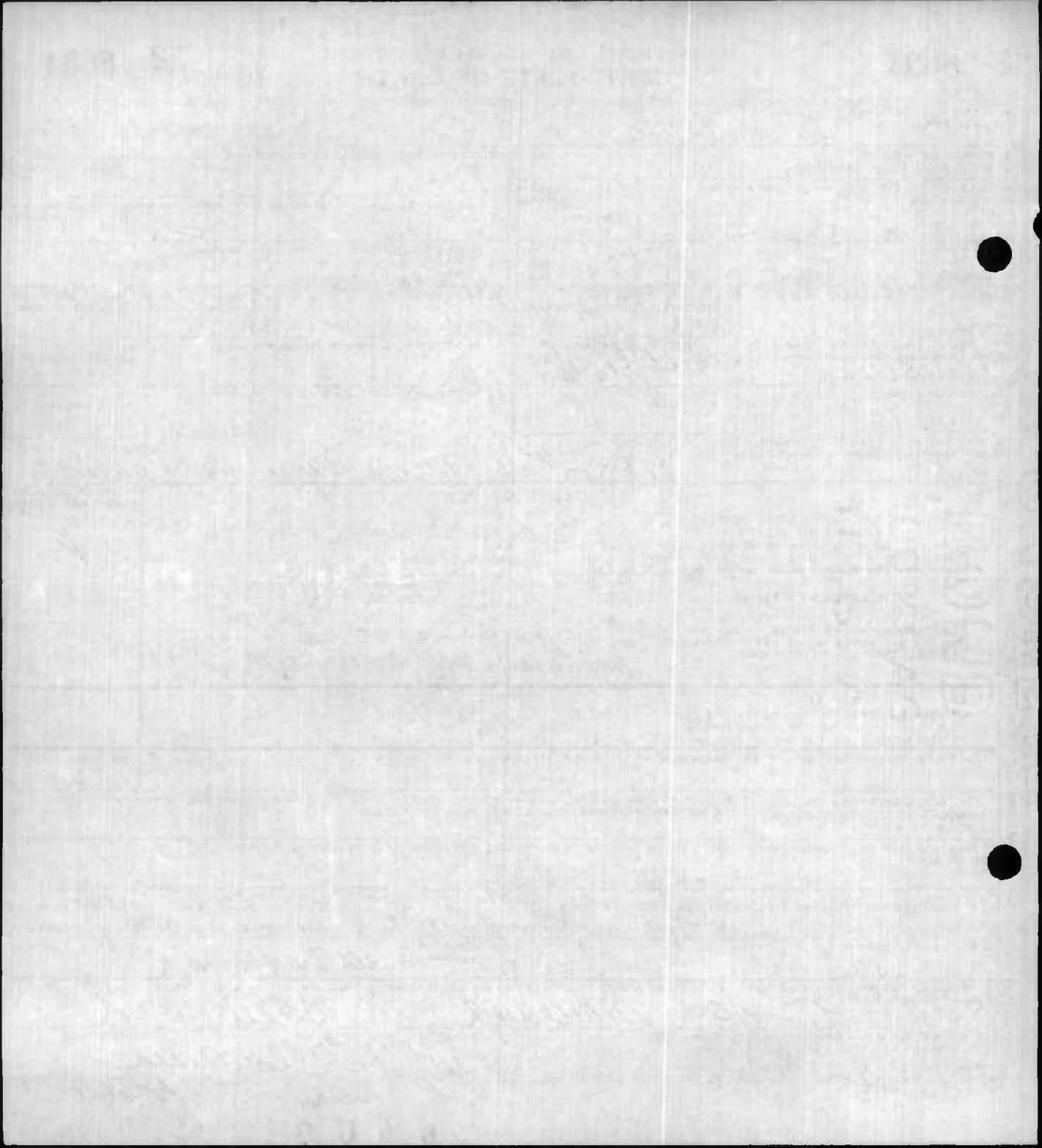
1. NAME OF DECEASED (Type or Print) <i>Julia Payne</i>		2. DATE OF DEATH <i>Sept. 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-07</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>25</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2917 Christopher Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>10/2</i>
9. AGE (In years last birthday) <i>69</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Houseless</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Walter Basic</i>		14. MOTHER'S MAIDEN NAME <i>Mary Haire</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>217-03-1055</i>	
17. INFORMANT'S ADDRESS <i>Mr. Marion Payne 2917 Christopher Ave.</i>			

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Coronary Occlusion - myocardial infarction</i> DUE TO (B) <i>Arteriosclerotic H. D.</i> DUE TO <i>Hypertensive C. V. D.</i> (C) <i>Residual Hemiplegia, left</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Sept. 19, 1952</i> , to <i>Sept. 19, 1952</i> , that I last saw the deceased alive on <i>Sept. 19, 1952</i> , and that death occurred at <i>12:05 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>J. W. M. Conway</i>	23B. ADDRESS <i>South Baltimore Genl Hosp.</i>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>9/22/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moulton</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 20 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Paul A. Deelman</i>	ADDRESS <i>6067 Hayford Rd</i>

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8695  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOSEPH W. APSLEY</b>			2. DATE OF DEATH <b>Sept 18, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4704 Althea Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-06</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4704 Althea Avenue</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 6, 1871</b>		9. AGE (In years last birthday) <b>81</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Builder</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Rock Hall, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>James Edward Apsley</b>			14. MOTHER'S MAIDEN NAME <b>Virginia Eisenbrey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>213-20-4356</b>	17. INFORMANT ADDRESS <b>Mrs. Wm. H. Wesper, 4704 Althea Ave</b>		

18. <b>450.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <b>Due to</b>		<b>Hangnane foot</b>		<b>3 mo</b>
(B) <b>Due to</b>		<b>arterio-sclerosis</b>		
(C) <b>Due to</b>				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1952 to Sept 18, 1952 that I last saw the deceased alive on Sept 17, 1952 and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE <b>J. S. Standing</b>	M. D.	23B. ADDRESS <b>3805 Belair Rd</b>	23C. DATE SIGNED <b>Sept 19/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/22/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>
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# CERTIFICATE OF DEATH

<p>1. Name of Deceased: <i>John Doe</i></p>		<p>2. Date of Birth: <i>10/15/1925</i></p>	
<p>3. Sex: <i>Male</i></p>		<p>4. Race: <i>White</i></p>	
<p>5. Date of Death: <i>11/10/1998</i></p>		<p>6. Place of Death: <i>Home</i></p>	
<p>7. Cause of Death: <i>Heart Disease</i></p>		<p>8. Manner of Death: <i>Natural</i></p>	
<p>9. Signature of Physician: <i>[Signature]</i></p>		<p>10. Signature of Registrar: <i>[Signature]</i></p>	

3805 / *[Signature]*

636  
52 8696BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8696  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM WELLFORD CARTER</b>			2. DATE OF DEATH <b>SEPT. 18, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <b>HILLCREST NURSING HOME</b> location) <b>212 STONEY RUN LANE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-1L</b>		
c. Length of stay in Baltimore <b>23</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5508 GREENLEAF ROAD</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAR. 23, 1883</b>	9. AGE (In years last birthday) <b>69</b>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, ever if retired) <b>CASHIER - Retired - BANIC</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>JOHN F. CARTER</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>216-01-6297</b>		
11. BIRTHPLACE (State or foreign country) <b>KENT POINT, MARYLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
14. MOTHER'S MAIDEN NAME <b>AMANDA</b>			17. INFORMANT <b>MRS. ELLA SCHAMAN (DAUGHTER)</b> <b>5508 GREENLEAF RD.</b>		

18. <b>4 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH  (A) <b>ULCERATIVE COLITIS</b> DUE TO  (B) <b>CONGESTIVE HEART FAILURE</b> DUE TO  (C) <b>ARTERIOSCLEROTIC CARDIO - VASCULAR DISEASE</b>	INTERVAL BETWEEN ONSET AND DEATH  <b>1 WEEK</b>  <b>2 MONTHS</b>  <b>2 YEARS</b>
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19A. DATE OF OPERATION <b>NONE</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>NONE</b>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 1951**, to **SEPT. 18, 1952**, that I last saw the deceased alive on **9-17, 1952**, and that death occurred at **7:15** p.m., from the causes and on the date stated above.

23A. SIGNATURE  
**Carlton Karfyn**  
M. D.

23B. ADDRESS  
**4230 LOCH RAVEN BLVD**

23C. DATE SIGNED  
**9-18-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/22/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Church Hill - Md.</b>	24D. LOCATION (City, town, or county) (State) <b>5305 Harford Rd.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>J. Ruck</b>	ADDRESS <b>5305 Harford Rd.</b>





315  
52 8697  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8697

1. NAME OF DECEASED (Type or Print) <i>Charles Stevens</i>			2. DATE OF DEATH <i>9-17-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balt. Co.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>125. Rosendorn Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>2-13</i>	9. AGE (in years last birthday) <i>78</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DIRECTOR OF MEDICAL SER.</i>			11. BIRTHPLACE (State or foreign country) <i>Balt. and</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Medical service</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Joseph Stevens</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Larrimore</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Wilbert Stevens, same</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Wilbert Stevens, same</i>		

18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Pulmonary infection</i> DUE TO <i>Arterio Scl. C. V. disease</i>		
		(B) <i>Ca of the prostate</i> DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9-17</i> , 1952, to <i>9-17</i> , 1952, that I last saw the deceased alive on <i>9-17</i> , 1952, and that death occurred at <i>11:30 P.M.</i> , from the causes and on the date stated above.				

23A. SIGNATURE <i>George A. [illegible]</i>	23B. ADDRESS <i>St Agnes Hospital</i>	23C. DATE SIGNED <i>9-17-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>9/20/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>LODGEON PARK</i>
24D. LOCATION (City, town, or county) <i>BALTO. MD</i>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 20 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Boac Pratt &amp; Son</i>
		ADDRESS <i>Catonville</i>

52 8697

6837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6837

DATE OF BIRTH  
PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH  
PLACE OF DEATH  
BY WHOM DEATH WAS REPORTED  
DATE WHEN REPORT MADE

DATE OF BIRTH  
PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH  
PLACE OF DEATH  
BY WHOM DEATH WAS REPORTED  
DATE WHEN REPORT MADE

DATE OF BIRTH  
PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH  
PLACE OF DEATH  
BY WHOM DEATH WAS REPORTED  
DATE WHEN REPORT MADE

450

ANDREA SLOAN

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 8698

Registered No. 52 8698

1. NAME OF DECEASED  
(Type or Print)

Andrea Sloan

2. DATE  
OF  
DEATH

September 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Ira Sloan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

4-29-52

9. AGE (In years last birthday)

4

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Jean Rockmann

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease

5 Months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 19, 1952

19B. MAJOR FINDINGS OF OPERATION

Congenital Heart Disease

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1952, to 9-19, 1952, that I last saw the deceased alive on 9-19, 1952, and that death occurred at 607 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James H. Haddad, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Sept 19, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-21-52

24C. NAME OF CEMETERY OR CREMATORY

New Mt Carmel

24D. LOCATION (City, town, or county) (State)

Queens, N.Y.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Euston

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
OFFICE OF THE COMMISSIONER  
BUREAU OF VITAL STATISTICS

1. Name of deceased: *John Doe*  
2. Sex: *Male*  
3. Age: *45*  
4. Date of birth: *Jan 15, 1875*  
5. Place of birth: *New York City*  
6. Date of death: *Dec 10, 1920*  
7. Place of death: *New York City*  
8. Cause of death: *Heart Disease*  
9. Duration of illness: *Several weeks*  
10. Name of physician: *Dr. J. H. Smith*  
11. Name of funeral home: *None*  
12. Name of informant: *John Doe*  
13. Address of informant: *123 Main St, New York City*  
14. Signature of informant: *[Signature]*  
15. Date of report: *Dec 15, 1920*

16. Name of deceased: *John Doe*  
17. Sex: *Male*  
18. Age: *45*  
19. Date of birth: *Jan 15, 1875*  
20. Place of birth: *New York City*  
21. Date of death: *Dec 10, 1920*  
22. Place of death: *New York City*  
23. Cause of death: *Heart Disease*  
24. Duration of illness: *Several weeks*  
25. Name of physician: *Dr. J. H. Smith*  
26. Name of funeral home: *None*  
27. Name of informant: *John Doe*  
28. Address of informant: *123 Main St, New York City*  
29. Signature of informant: *[Signature]*  
30. Date of report: *Dec 15, 1920*

31. Name of deceased: *John Doe*  
32. Sex: *Male*  
33. Age: *45*  
34. Date of birth: *Jan 15, 1875*  
35. Place of birth: *New York City*  
36. Date of death: *Dec 10, 1920*  
37. Place of death: *New York City*  
38. Cause of death: *Heart Disease*  
39. Duration of illness: *Several weeks*  
40. Name of physician: *Dr. J. H. Smith*  
41. Name of funeral home: *None*  
42. Name of informant: *John Doe*  
43. Address of informant: *123 Main St, New York City*  
44. Signature of informant: *[Signature]*  
45. Date of report: *Dec 15, 1920*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8699**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Irvine L. Eiseman

2. DATE  
OF  
DEATH

Sept. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1807 Eutaw Pl.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1807 Eutaw Place

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Moses Bernard Eiseman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Walter Eiseman, 1807 Eutaw Pl.

18. 4 yrs. 2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Malnutrition  
Myocarditis & Pul-  
monary edema

Several  
years  
3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Rheumatoid  
Arthritis

about 10  
years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/1/, 1950 to 9/19/, 1952, that I last saw the deceased alive on 9/19/, 1952, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Theodore H. Morrison M. D.

115 E. Chase St

9/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept. 22, 1952 Hebrew Friendship Cem. Baltimore St. Balti., Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 20 1952

David R. Martin

David R. Martin, 1902 Eutaw Place





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8700  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HARRY JOHN SHALLENBERGER</b>		2. DATE OF DEATH <b>9-18-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3201 Elgin Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>3201 Elgin Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Whlse. paper -Pres.</b>		9. AGE (in years last birthday) <b>63</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Henry J. Shallenberger</b>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Lillian Shallenberger</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Coronary Thrombosis</b> DUE TO (B) <b>Arteriosclerotic Cardiovasculars.</b> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>  <b>7 years</b>

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 2**, 19**52**, to **Sept: 18**, 19**52**, that I last saw the deceased alive on **Sept 18**, 19**52**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Douglas Robinson</b>	23B. ADDRESS <b>2835 Guyano Falls Pkwy</b>	23C. DATE SIGNED <b>9/20/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>9-22-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park Cem</b>	24D. LOCATION (City, town, or county) (State) <b>City</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wierdefeld &amp; Son</b>	ADDRESS <b>GREENMOUNT AVE &amp; 22ND</b>
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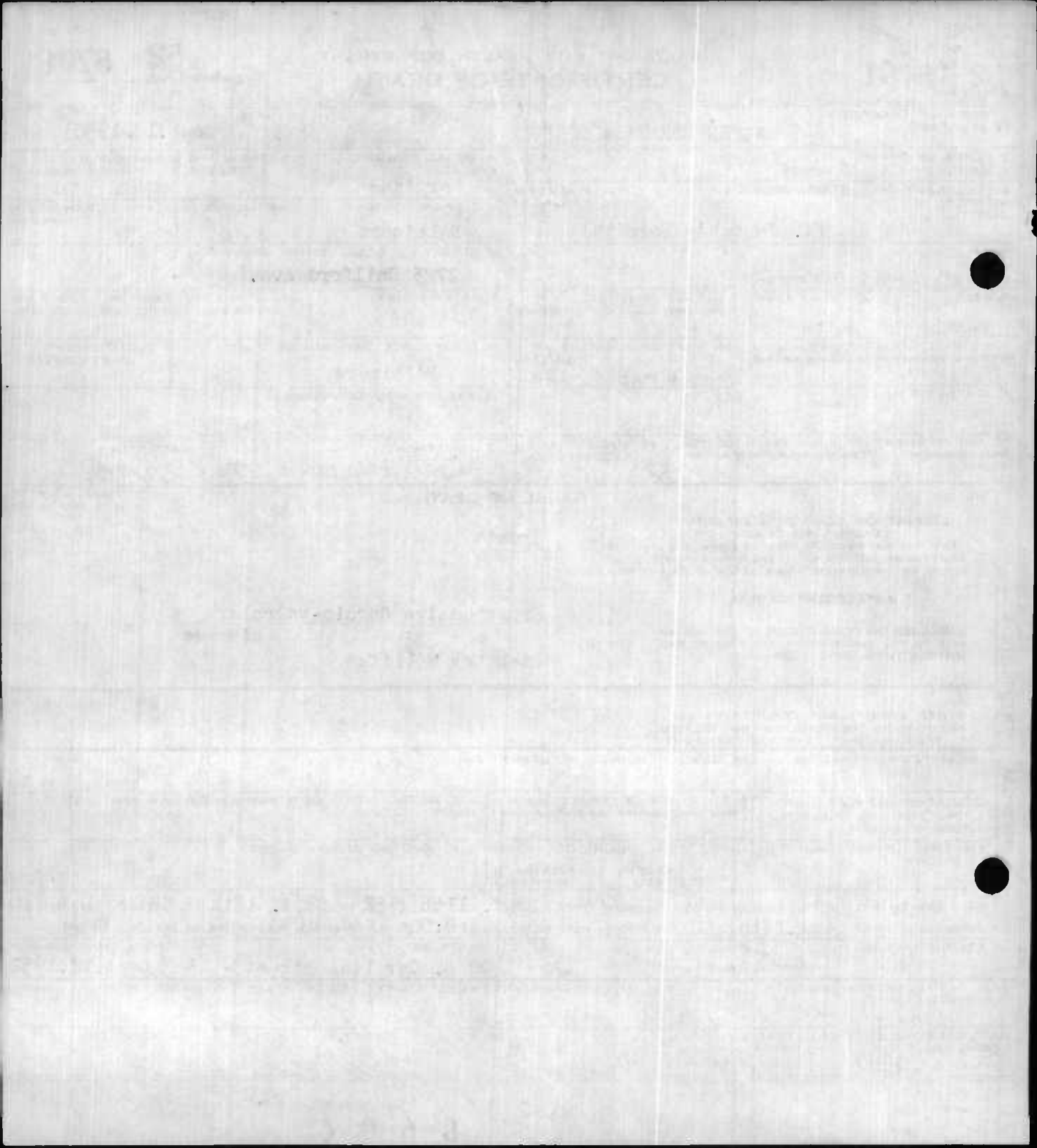
652  
52 8701BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8701

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>AGNES THERESA BURNS</b>		2. DATE OF DEATH <b>Sept. 18, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-03</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2725 Guilford Ave. - 13</b>		E. LENGTH OF STAY IN BALTIMORE <b>life</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>28</b>
9. AGE (in years last birthday) <b>28</b>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DURR'S MACHINE OPER.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>BENDIX RADIO CORP.</b>	
13. FATHER'S NAME <b>JAMES DENNIS O'NEILL (M)</b>		14. MOTHER'S MAIDEN NAME <b>MARG. EMER COULTER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO. <b>212-20-4630</b>	
17. INFORMANT <b>MR. JAS. O'NEILL 2725 Guilford Ave.</b>		ADDRESS	
18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Uremia</b> DUE TO <b>ANTECEDENT CAUSES</b> (B) <b>Hypertensive Cardio-vascular disease</b> DUE TO (C) <b>Diabetes Mellitus</b> INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 11th, 1952</b> to <b>Sept. 18th, 1952</b> that I last saw the deceased alive on <b>Sept. 18th, 1952</b> , and that death occurred at <b>4:00 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Charles Jones P</b>		23B. ADDRESS <b>1400 N. Caroline Street - 13</b>	
23C. DATE SIGNED <b>Sept. 18, 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9-22-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>CATHEDRAL CEM.</b>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 20 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Speedy &amp; Sons</b>		ADDRESS <b>Greenmount Ave. + 72nd St.</b>	

1956903M 8896



523  
8702BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8702  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Kane Knight

2. DATE  
OF DEATH 9/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR General German Aged Peoples  
INSTITUTION Home, 22 S. Athol Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Henry Kane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

8. DATE OF BIRTH

Feb. 2, 1863

9. AGE (In years  
last birthday)

89

If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth McMichael

17. INFORMANT

ADDRESS

Sr. Fredericka, 22 S. Athol Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to 18 Sept, 1952 that I last saw the  
deceased alive on 15 Sept, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 20 1952

Huntington Williams

Harry H. Hinkle

201 Edmondson Ave.

VS 150

19520208697

MEDICAL CERTIFICATION

508 01

CERTIFICATE OF DEATH

1973

Name of Deceased		Date of Birth	
Sex		Race	
Place of Birth		Date of Death	
Cause of Death		Place of Death	
Physician's Signature		Medical Examiner's Signature	
Hospital or Place of Death		City and State	
County		Zip Code	
Registrar's Signature		Registrar's Title	
Date of Registration		Registration Number	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8703  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Helen A. Murphy</b>			2. DATE OF DEATH <b>Sept. 18/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>148 S. Collins St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>148 S. Collins Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 27, 1896</b>		9. AGE (In years last birthday) <b>56</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Franklin Uniform</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
13. FATHER'S NAME <b>Henry Merten</b>			12. CITIZEN OF WHAT COUNTRY? <b>60</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Wallace J. Murphy, 148 S. Collins Ave</b>		

MEDICAL CERTIFICATION

18. <b>157x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Carcinomatosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>Est. 10 yrs.</b> <b>July 1952</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Carcinoma of Pancreas</b> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>(C)</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **July 12, 1952** to **Sept 18, 1952**, that I last saw the deceased alive on **Sept 18, 1952** and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Daniel P. Clayer</b>	23B. ADDRESS <b>3326 Linden St</b>	23C. DATE SIGNED <b>9/19/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 22/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Harry H. Wintjen</b>	ADDRESS <b>101 Edmondson Ave.</b>
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8003

81

DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

8003

U.S. AND  
BOND

MADE IN  
U.S.A.

U.S. AND  
BOND

MADE IN  
U.S.A.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8704  
Registered No. \_\_\_\_\_

BIRTH NO. *Non Rec.*

1. NAME OF DECEASED (Type or Print) <b>PATRICK TYSON</b>		2. DATE OF DEATH <b>September 18, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>722 N. Fulton Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>725 N. Fulton Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 10/5.2</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <b>Fort Mead Md.</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME <b>William Tyson</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Brown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.		
17. INFORMANT <b>William Tyson</b>		ADDRESS <b>725 Fulton Ave</b>	

18. <b>772.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Malnutrition</b> <del>INFECTION</del>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B) Diarrhea</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

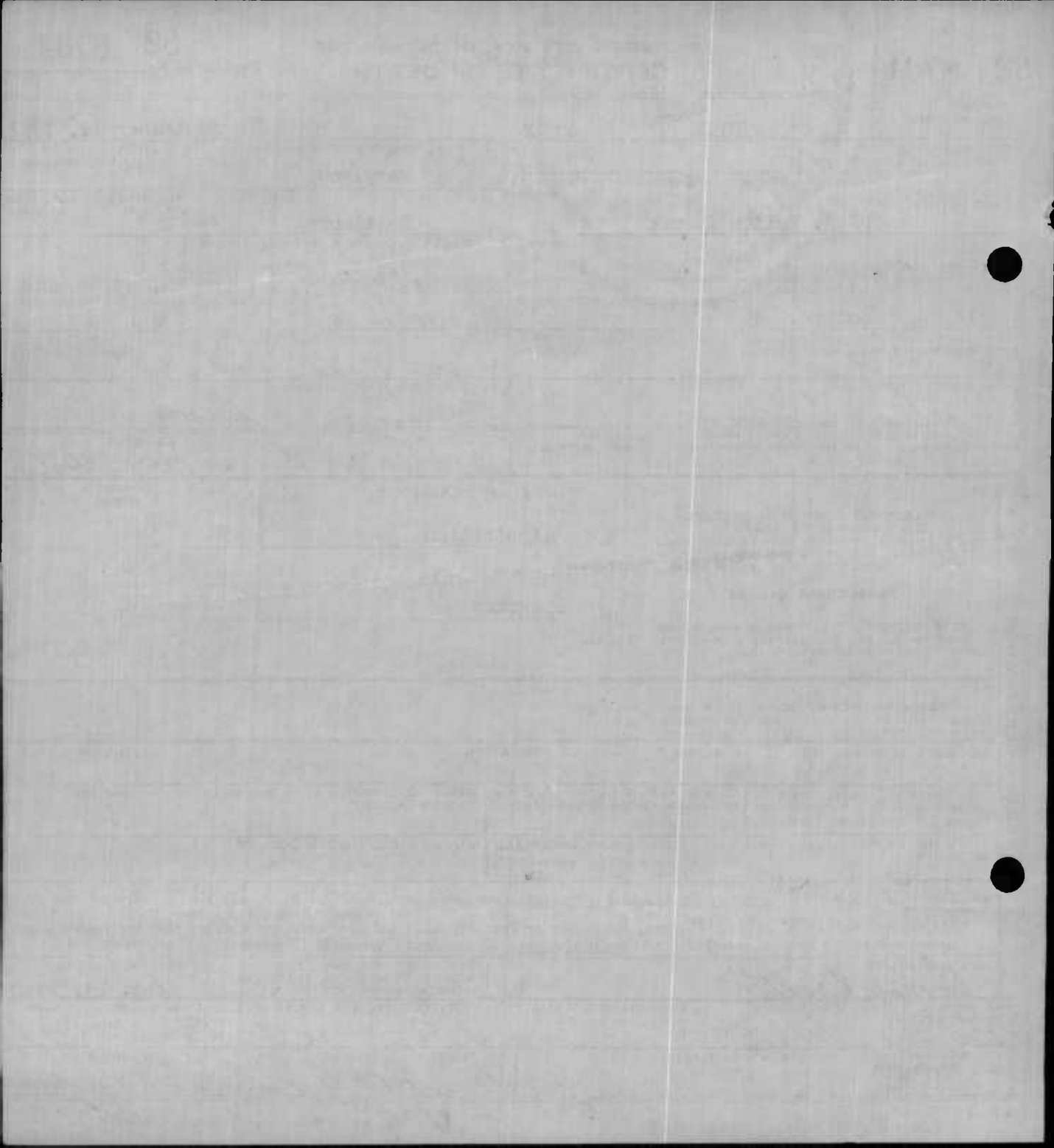
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Sept. 19, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cems</b>	24D. LOCATION (City, town, or county) (State) <b>A A County Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 20 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>Mrs. Orth A. Elliott &amp; daughter</b>	
V S 151		<b>829 N. Caroline St.</b>			

If cause of death is not specified, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8705

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DAVID

BAKER

2. DATE  
OF  
DEATH September 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF ~~not in hospital or institution, give street address or~~  
HOSPITAL OR location)  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

406 N. Caroline Street

Length of stay in Baltimore

25 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 20, 1922

9. AGE (In years  
last birthday)

30

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Baker

14. MOTHER'S MAIDEN NAME

Elsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Elsie Spicer

18. E 982 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Stab wound of chest

~~X~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Massive left hemothorax

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

406 N. Caroline Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 18, 1952 11:00 P.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William Upchurch

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 19, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 23/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County Md

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 20 1952

REGISTRAR'S SIGNATURE

Huntington Wil.

25. FUNERAL DIRECTOR

Mrs. Robt. A. Elliott &amp; Daughter

ADDRESS

429 N. Caroline St

VS 151

N-8622

5

295099

8705





AB-161332

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8706  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Edwards

2. DATE  
OF  
DEATH

August 15-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Rural- Crownsville

D. STREET ADDRESS (If rural, give location)

Crownsville State Hospital

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

Yrs.  
Mos.  
Days10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

66 1/2

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypostasis Pneumonia

DUE TO

5 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22-1952, to 8-15-1952, that I last saw the  
deceased alive on 8-15-1952, and that death occurred at 6.15PM m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Boyer M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-7-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 17 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Abstract

52-8707  
BEA-43797  
52 8707

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52-8707

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Barnes

2. DATE  
OF  
DEATH

Aug. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 22 1

9. AGE (in years)

74 1/2

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Barnes

14. MOTHER'S MAIDEN NAME

Liza ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 420-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Coronary Occlusion

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 199, to 8-30, 1952, that I last saw the deceased alive on 8-30, 1952, and that death occurred at 7:40A m., from the causes and on the date stated above.

23A. SIGNATURE

H. S. Rogers, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

UNIVERSITY MEDICAL SCHOOL SEP 17 1952

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of medical examiner		20. Signature of pathologist		21. Signature of anatomist	
22. Signature of histologist		23. Signature of bacteriologist		24. Signature of virologist	
25. Signature of epidemiologist		26. Signature of public health officer		27. Signature of health commissioner	
28. Signature of health department		29. Signature of health board		30. Signature of health committee	
31. Signature of health council		32. Signature of health association		33. Signature of health society	
34. Signature of health club		35. Signature of health league		36. Signature of health union	
37. Signature of health guild		38. Signature of health alliance		39. Signature of health confederation	
40. Signature of health federation		41. Signature of health congress		42. Signature of health conference	
43. Signature of health convention		44. Signature of health assembly		45. Signature of health meeting	
46. Signature of health gathering		47. Signature of health event		48. Signature of health occasion	
49. Signature of health celebration		50. Signature of health festival		51. Signature of health fair	
52. Signature of health bazaar		53. Signature of health picnic		54. Signature of health excursion	
55. Signature of health trip		56. Signature of health tour		57. Signature of health journey	
58. Signature of health voyage		59. Signature of health cruise		60. Signature of health expedition	
61. Signature of health mission		62. Signature of health embassy		63. Signature of health consulate	
64. Signature of health legation		65. Signature of health ministry		66. Signature of health department	
67. Signature of health bureau		68. Signature of health office		69. Signature of health division	
70. Signature of health section		71. Signature of health branch		72. Signature of health district	
73. Signature of health territory		74. Signature of health region		75. Signature of health area	
76. Signature of health zone		77. Signature of health ward		78. Signature of health precinct	
79. Signature of health neighborhood		80. Signature of health community		81. Signature of health village	
82. Signature of health town		83. Signature of health city		84. Signature of health county	
85. Signature of health state		86. Signature of health union		87. Signature of health nation	
88. Signature of health world		89. Signature of health universe		90. Signature of health cosmos	
91. Signature of health galaxy		92. Signature of health solar system		93. Signature of health planet	
94. Signature of health moon		95. Signature of health stars		96. Signature of health nebula	
97. Signature of health comet		98. Signature of health meteor		99. Signature of health asteroid	
100. Signature of health satellite		101. Signature of health probe		102. Signature of health rover	
103. Signature of health lander		104. Signature of health orbiter		105. Signature of health shuttle	
106. Signature of health rocket		107. Signature of health jet		108. Signature of health plane	
109. Signature of health ship		110. Signature of health boat		111. Signature of health car	
112. Signature of health train		113. Signature of health bus		114. Signature of health truck	
115. Signature of health motorcycle		116. Signature of health bicycle		117. Signature of health scooter	
118. Signature of health skateboard		119. Signature of health roller skis		120. Signature of health sled	
121. Signature of health snowmobile		122. Signature of health ice skates		123. Signature of health skis	
124. Signature of health snowshoes		125. Signature of health ice hockey		126. Signature of health figure skating	
127. Signature of health curling		128. Signature of health hockey		129. Signature of health basketball	
130. Signature of health volleyball		131. Signature of health tennis		132. Signature of health badminton	
133. Signature of health table tennis		134. Signature of health ping pong		135. Signature of health chess	
136. Signature of health checkers		137. Signature of health backgammon		138. Signature of health pool	
139. Signature of health billiards		140. Signature of health darts		141. Signature of health snooker	
142. Signature of health pool		143. Signature of health carom		144. Signature of health billiards	
145. Signature of health pool		146. Signature of health pool		147. Signature of health pool	
148. Signature of health pool		149. Signature of health pool		150. Signature of health pool	

AJH-117110

SHERMAN Jordan  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52

8708

52 8708

BIRTH NO. 1187

1. NAME OF DECEASED  
(Type or Print)

Jordan Sherman

2. DATE  
OF  
DEATH

8-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

???? 1875

9. AGE (In years  
last birthday)

77

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unable to obtain

14. MOTHER'S MAIDEN NAME

Unable to obtain

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-48, 1952 to 8-22-52, 19\_\_, that I last saw the  
deceased alive on 8-22-52, 19\_\_, and that death occurred at 7:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave

9-2-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

UNIVERSITY MEDICAL SCHOOL SEP 17 1952

RECEIVED BY REAR CLERK

DATE: 12-1-61

12-1-1961

12-1-61

12-1-1961

12-1-61

12-1-1961

12-1-61

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12-1-1961



52 8709

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8709  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

S T RANDE

2. DATE  
OF  
DEATH

Sept 6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

822 S Broadway

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Jail

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. Md. 2-03

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

58

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF  
WHAT COUNTRY?

Norway

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Reends.

18. 443x I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebrovascular  
accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertensive heart disease?

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1952 to 9/6, 1952 that I last saw the  
deceased alive on 8/5, 1952, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Marmur

23B. ADDRESS

801 Buren

23C. DATE SIGNED

9/6/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

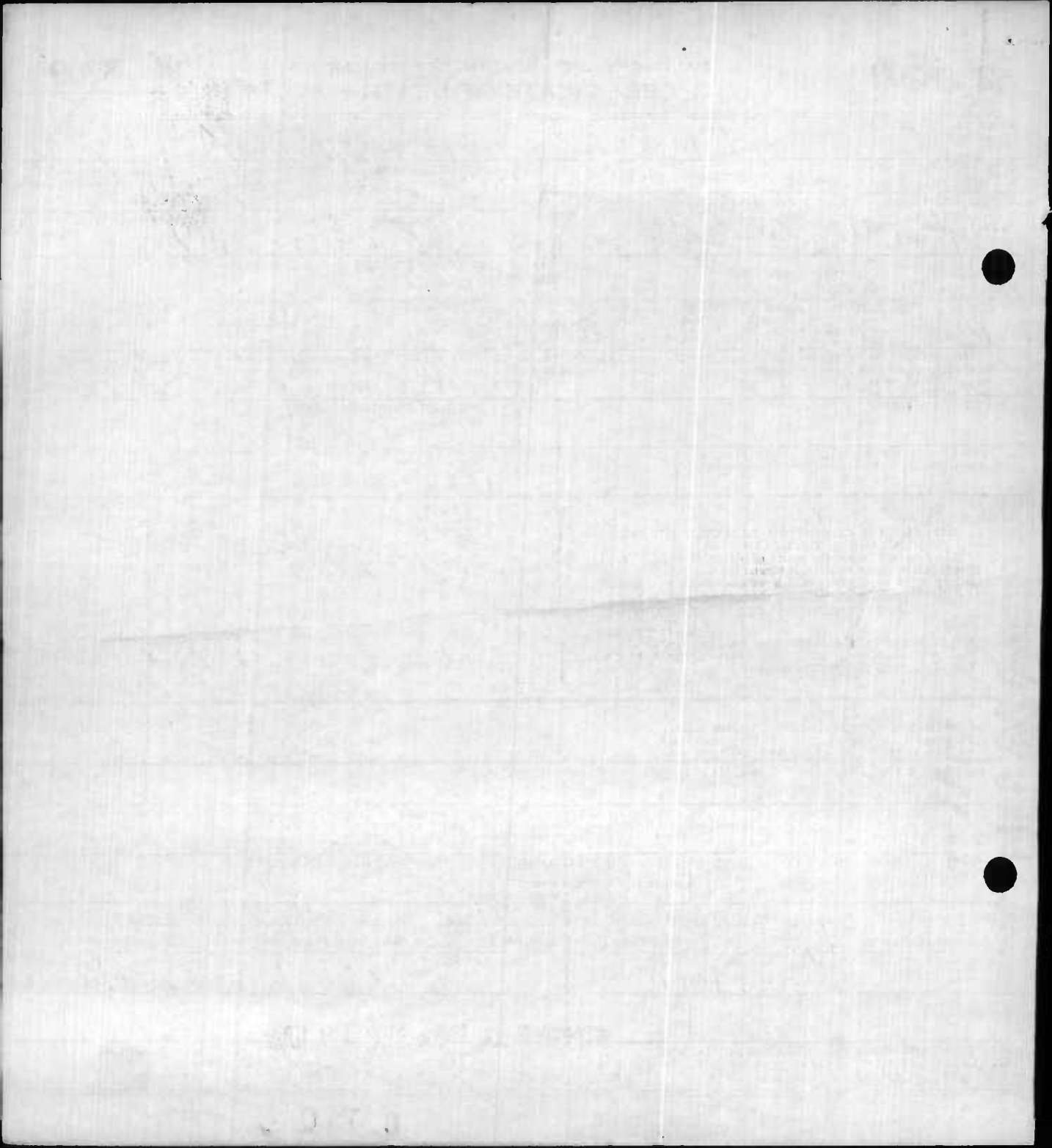
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS



52 8710

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8710  
Registered No.

BIRTH NO. 52-21337

1. NAME OF DECEASED  
(Type or Print)

Bennett E. Washington

2. DATE  
OF  
DEATH

9/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Providence Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

15-03

D. STREET ADDRESS (If rural, give location)

1736 n. Gulaski St.

E. Length of stay in Baltimore

10 hrs.

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/15/52

9. AGE (In years;  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

16

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Washington

14. MOTHER'S MAIDEN NAME

Pearl G. T. G. G.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

mother

ADDRESS

Same address

18. 7625

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Aortic aneurysm

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Renalure (8 mo)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1952, to 9/15, 1952, that I last saw the  
deceased alive on 9/15, 1952, and that death occurred at 10:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Georg McDonald

23B. ADDRESS

844 N Carey St.

23C. DATE SIGNED

9/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL SEP 18 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

SEP 21 1952

VS 150

19520008705

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

100

\_\_\_\_\_

\_\_\_\_\_

625  
52 8711MORGAN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8711  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rosa Morgan</i>		2. DATE OF DEATH <i>Sept 17, 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>655 Dooow St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balta Md 22-02</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>655 Dooow Street</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>61</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>D</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>61</i>
11. BIRTHPLACE (State or foreign country) <i>Stevensville Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Charles Turner</i>		14. MOTHER'S MAIDEN NAME <i>Mary Richardson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hattie Martin</i>		ADDRESS <i>2118 W Millary St</i>	

18. <i>607X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary tuberculosis</i> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	(A) .....
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) .....	...
(C) .....	...
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 17, 1952* to *Sept 17, 1952*, 19*52*, that I last saw the deceased alive on *Sept 17, 1952* and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>W. H. H. H.</i>	23B. ADDRESS <i>5153 ...</i>	23C. DATE SIGNED <i>9/20/52</i>
--------------------------------------	---------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 21, 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Stevensville Md</i>	24D. LOCATION (City, town, or county) (State) <i>—</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Isaiah L Brown Son</i>	
		ADDRESS <i>108 W Montg Omery St</i>	

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Medical Examiner		15. Name of Pathologist		16. Name of Anatomist	
17. Name of Registrar		18. Name of Clerk		19. Name of Assistant		20. Name of Secretary	
21. Name of Treasurer		22. Name of Collector		23. Name of Auditor		24. Name of Assessor	
25. Name of Surveyor		26. Name of Engineer		27. Name of Architect		28. Name of Carpenter	
29. Name of Painter		30. Name of Plumber		31. Name of Electrician		32. Name of Mechanic	
33. Name of Blacksmith		34. Name of Saddler		35. Name of Shoemaker		36. Name of Tailor	
37. Name of Hatter		38. Name of Jeweler		39. Name of Druggist		40. Name of Apothecary	
41. Name of Pharmacist		42. Name of Chemist		43. Name of Botanist		44. Name of Zoologist	
45. Name of Geologist		46. Name of Astronomer		47. Name of Meteorologist		48. Name of Physicist	
49. Name of Mathematician		50. Name of Philosopher		51. Name of Historian		52. Name of Lawyer	
53. Name of Judge		54. Name of Minister		55. Name of Priest		56. Name of Rabbi	
57. Name of Imam		58. Name of Monk		59. Name of Nun		60. Name of Priestess	
61. Name of Shaman		62. Name of Witch		63. Name of Wizard		64. Name of Sorcerer	
65. Name of Magician		66. Name of Alchemist		67. Name of Astrologer		68. Name of Fortune Teller	
69. Name of Medium		70. Name of Spiritualist		71. Name of Psychic		72. Name of Clairvoyant	
73. Name of Channel		74. Name of Oracle		75. Name of Prophet		76. Name of Seer	
77. Name of Diviner		78. Name of Soothsayer		79. Name of Ventriloquist		80. Name of Puppeteer	
81. Name of Juggler		82. Name of Acrobat		83. Name of Circus Performer		84. Name of Circus Ringmaster	
85. Name of Circus Clown		86. Name of Circus Strongman		87. Name of Circus Tightrope Walker		88. Name of Circus Fire Eater	
89. Name of Circus Animal Trainer		90. Name of Circus Animal Performer		91. Name of Circus Animal Handler		92. Name of Circus Animal Keeper	
93. Name of Circus Animal Doctor		94. Name of Circus Animal Veterinarian		95. Name of Circus Animal Surgeon		96. Name of Circus Animal Dentist	
97. Name of Circus Animal Groom		98. Name of Circus Animal Farrier		99. Name of Circus Animal Blacksmith		100. Name of Circus Animal Saddler	



52 8712

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8712

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. John Kettlewell

2. DATE  
OF  
DEATH

September 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. Length of stay in Baltimore

62

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 12

53-00

D. STREET ADDRESS (If rural, give location)

253 Rodgers Forge Rd - Apt B

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 23, 1890

9. AGE (In years last birthday)

61 62

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman - News Post

10B. KIND OF BUSINESS OR INDUSTRY

Newspaper.

13. FATHER'S NAME

Charles Kettlewell

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Cora Pyser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 420.1 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Occlusion

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1952, to Sept 18, 1952 that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred G. Osaman, Jr.

M. D.

23B. ADDRESS

2800 E. Chase Street

23C. DATE SIGNED

Sept 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/21/52

24C. NAME OF CEMETERY OR CREMATORY

St. Margaret's Cem.

24D. LOCATION (City, town, or county)

A. A. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichener & Sons

ADDRESS

1 9 52 34 70 8 7 17, Md.

5173

34

RECEIVED

5173

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*REBECCA KOLODNER*

2. DATE  
OF  
DEATH

*9/20/52*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Sinai Hosp.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

*MD*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*BALTIMORE 15-12*

D. STREET ADDRESS (If rural, give location)

*2603 Ulman Ave*

Length of stay in Baltimore

*LIFE*

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*WIDOW*

8. DATE OF BIRTH

*2/24/93*

9. AGE (In years last birthday)

*59*

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*Own Home*

11. BIRTHPLACE (State or foreign country)

*BALTIMORE*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Unknown*

14. MOTHER'S MAIDEN NAME

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Mr. Sigmund Kolodner 2603 Ulman Avenue*

18. *420.1 I*

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Infarction*

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis CVD*

DUE TO

(C)

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/20, 1952* to *9/20, 1952*, that I last saw the deceased alive on *9/20, 1952*, and that death occurred at *10:25* m., from the causes and on the date stated above.

23A. SIGNATURE

*Max J. Miller*

M. D.

23B. ADDRESS

*Sinai Hospital*

23C. DATE SIGNED

*9/20/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9-22-52*

24C. NAME OF CEMETERY OR CREMATORY

*Workmen Circle Cemetery*

24D. LOCATION (City, town, or county)

*Baltimore, Maryland*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Age. 1124-26 W. North*

RECEIVED

CELANESE

VALLEY

U

100 X 100

100 X 100

A

523

52 8714

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8714

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lizzie Feinstein

2. DATE  
OF  
DEATH

9/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-38D. STREET ADDRESS (If rural, give location)  
3021 Garrison Blvd.

Length of stay in Baltimore

10 years

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

Aug. 10, 1885

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Harry Kramer

14. MOTHER'S MAIDEN NAME

Belle ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude Faber 3021 Garrison Blvd.

18. 584x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Ventricular Fibrillation

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

Ventricular Flutter

Arteriosclerosis Heart Dis.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-19-52

19B. MAJOR FINDINGS OF OPERATION

Cholelithiasis + chronic cholecystitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19-1952, to 9-20-1952, that I last saw the  
deceased alive on 9-20-1952, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS,

23C. DATE SIGNED

Stanley M. Silenberger M.D.

Sinai Hospital

9-20-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-22-52

24C. NAME OF CEMETERY OR CREMATORY

Herring Run  
Greater Baltimore Lodge

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1952

Huntington Williams, M.D.

Holmes &amp; Narver, 1124-167 North Ave.

STATE OF TEXAS  
COUNTY OF DALLAS

8510

✓





52 8715

BALTIMORE CITY HEALTH DEPARTMENT

52 8715

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-21853

1. NAME OF DECEASED (Type or Print) <u>Reier, Baby Girl</u>			2. DATE OF DEATH <u>September 19, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>BALTO</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore #20 MIDDLE RIVER, Md</u>		
Length of stay in Baltimore <u>2 days</u>			D. STREET ADDRESS (If rural, give location) <u>Box 155, Route 14</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 18, 1952</u>		9. AGE (In years last birthday) <u>1</u> <u>10</u> Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>James Martin Reier</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Ann Bradley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>St. Joseph Hospital</u>		

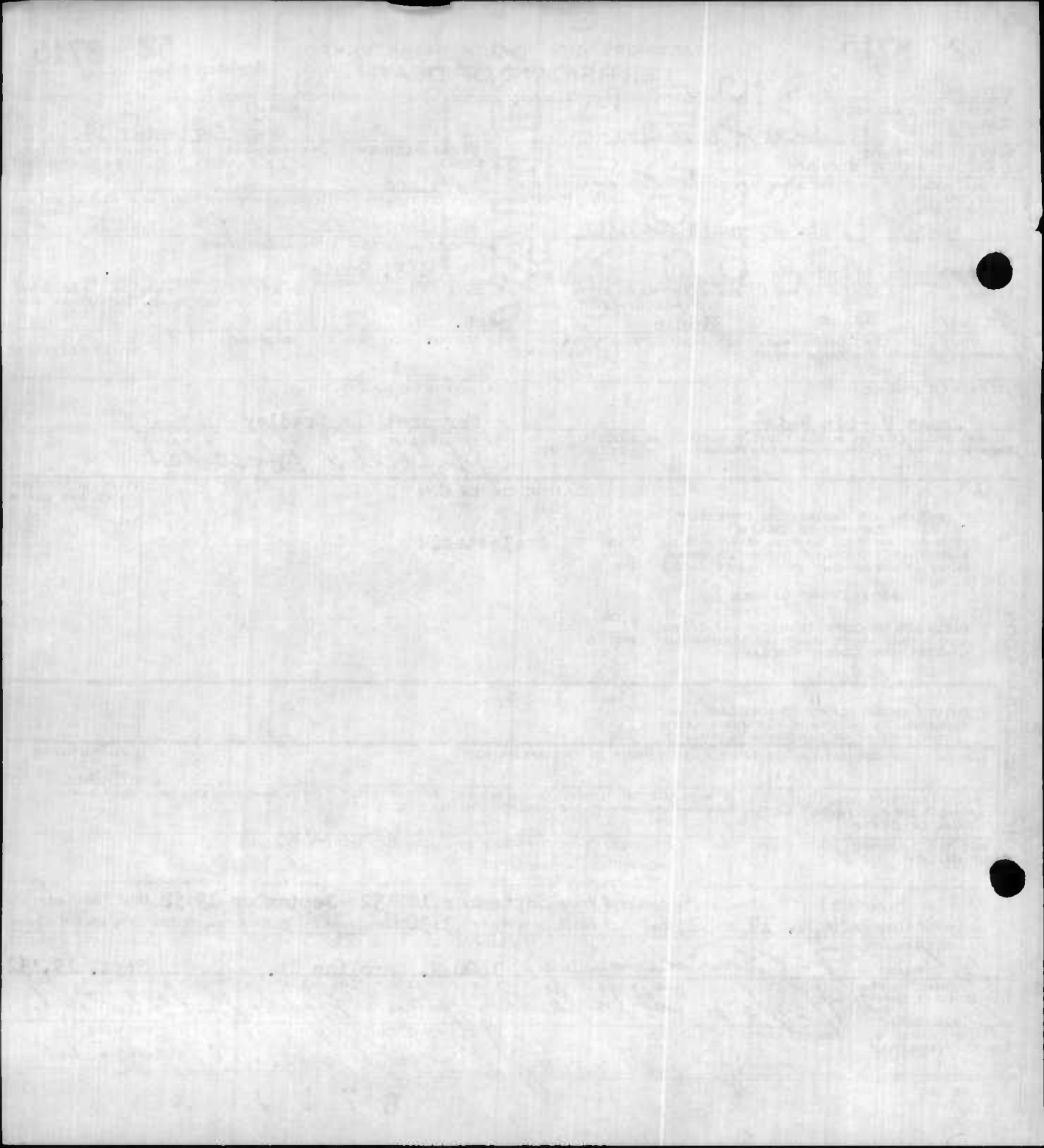
18. <u>76210 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from September 18, 1952 to September 19, 1952, that I last saw the deceased alive on Sept. 19, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Wm. F. Baldwin</u>	23B. ADDRESS <u>1100 N. Caroline St.</u>	23C. DATE SIGNED <u>Sept. 19, 1952</u>
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>9/22/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Hyde/Balto Co Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 21 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Brudzinski</u>	ADDRESS <u>1407 Eastern Ave</u>



63  
52 8716BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8716

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOMER ROBERTS

2. DATE  
OF  
DEATH

9/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

19-02

D. STREET ADDRESS (If rural, give location)

1420 20- Fayette St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Dec. 15, 1909

9. AGE (In year,  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

542.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) GENERALIZED PERITONITIS

1 WK

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) PERFORATED MARGINAL ULCER

8 DAYS

DUE TO

(C) GASTROJEJUNOSTOMY

4 MOS

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CHRONIC JEJUNITIS

1-2 YRS

19A. DATE OF OPERATION

13 SEPT '52

19B. MAJOR FINDINGS OF OPERATION

PERFORATED MARGINAL ULCER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office, etc.)

NO

21C. WHERE DID (If in Baltimore City, give exact location)

NO

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

NO

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ WORK

21F. HOW DID INJURY OCCUR?

NO

22. I hereby certify that I attended the deceased from 9-13 1952 to 9/20 1952, that I last saw the  
deceased alive on 9/20 1952, and that death occurred at 3:44 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams

23B. ADDRESS

Franklin Square Wm

23C. DATE SIGNED

9-20-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

SEPT. 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK RIDGE

24D. LOCATION (City, town, or county)

WEAVERVILLE, N. CAR.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 21 1952

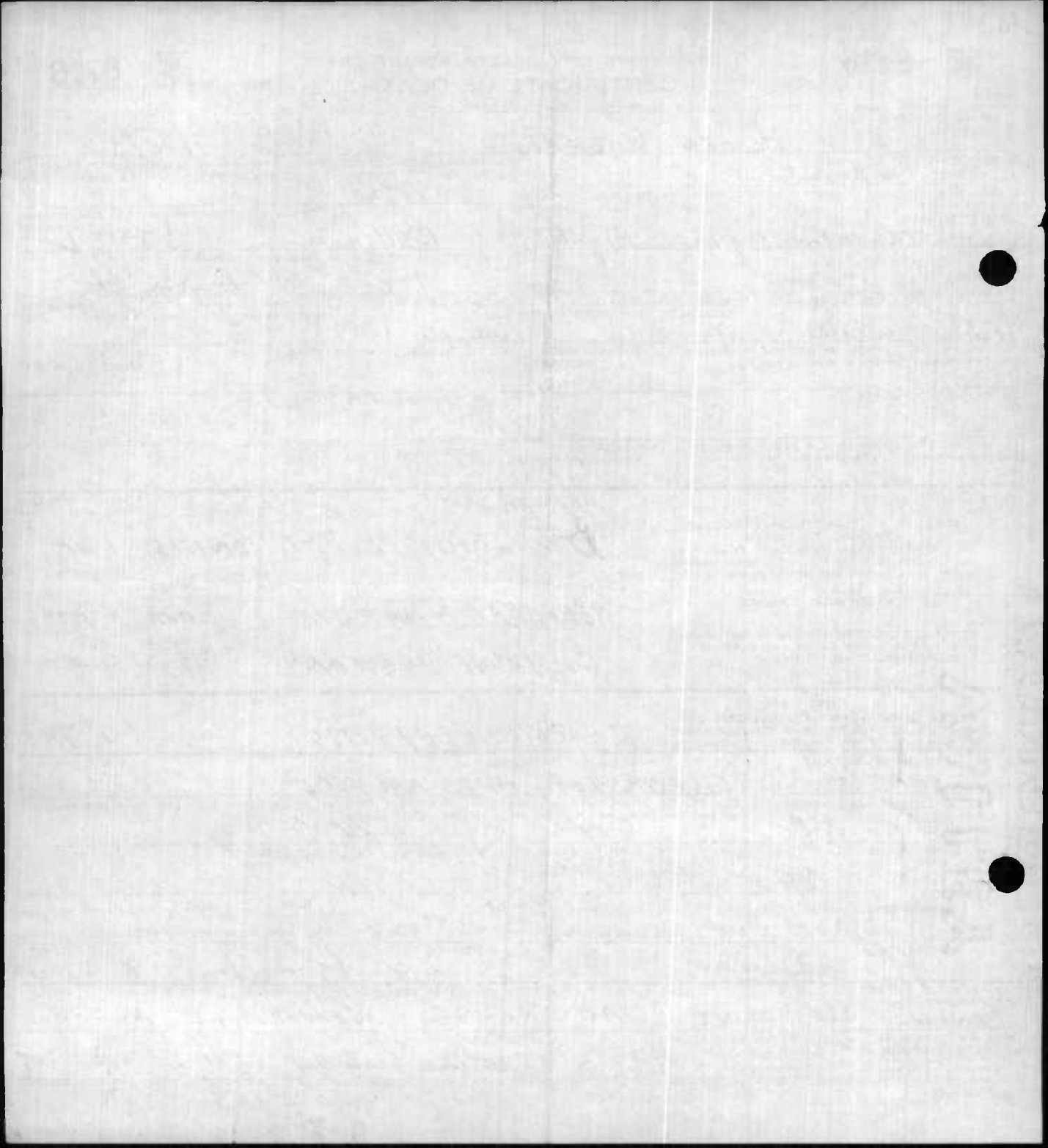
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc. 1217 ST. PAUL ST.



52 8717

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8717  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DANIEL

DIXON

2. DATE  
OF DEATH September 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1021 Vine Street

Length of stay in Baltimore

35 Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4/22/1906

9. AGE (In years  
last birthday)

46

10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HANDY MAN

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

John Dixon

14. MOTHER'S MAIDEN NAME

HESTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Florence Butler 1101W. Fairmount

18. 4-2-1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....☒

Sept. 17, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/21/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Rice 551 W. Barre st.

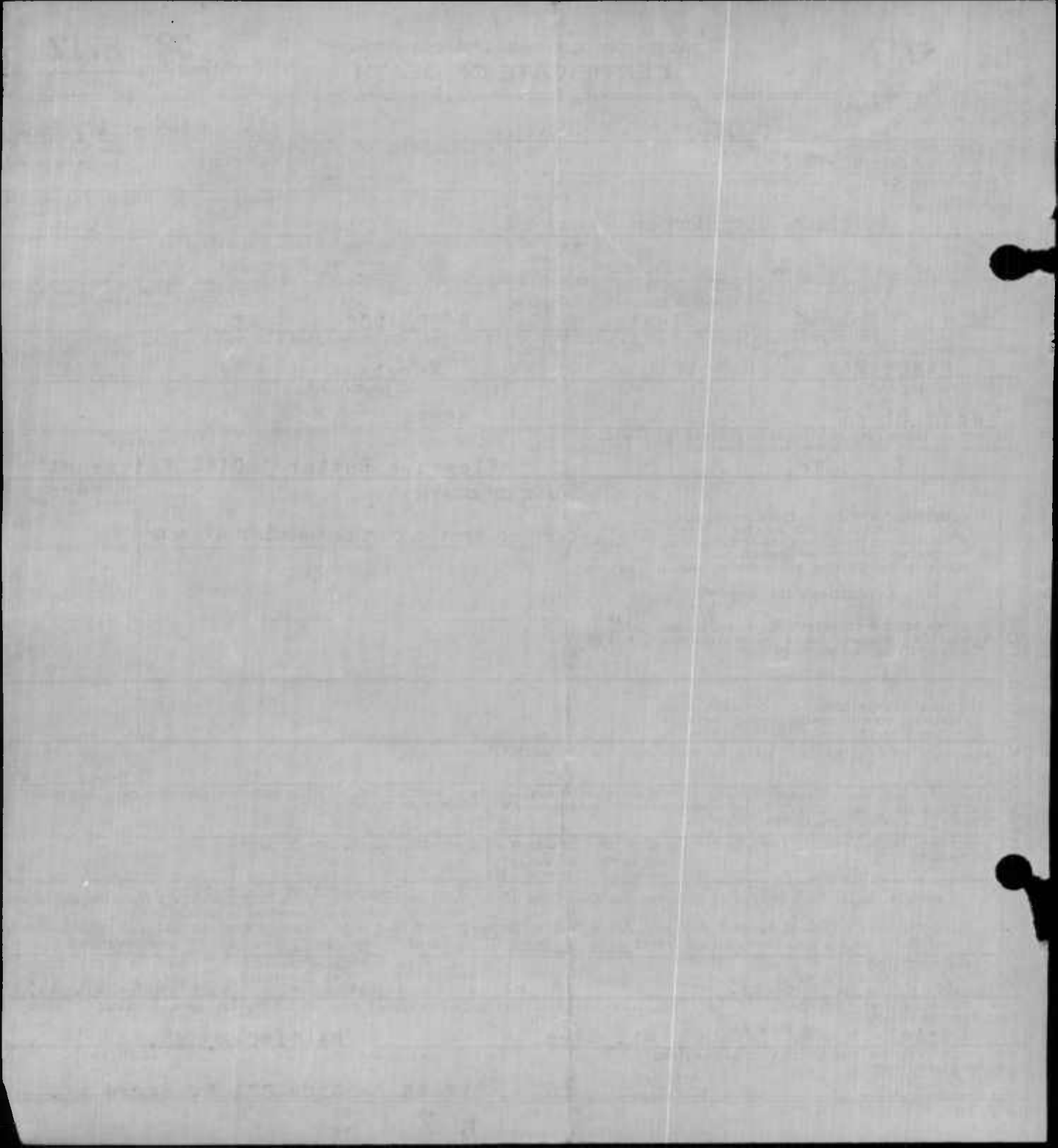
VS 151

2690998712

4

y. correct age is y. important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





321  
52 8718BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8718

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sister Mary Ellen Fitzpatrick

2. DATE  
OF  
DEATH

Sept-18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or  
location)

1000 Forest Hill Rd. Balto?

Villa St. Michael

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
STATE COUNTY before admission)

Emmitsburg Md. St. Josephs Con House

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Emmitsburg Md. 60-00

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Four

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 18-1865

9. AGE (In years  
last birthday)

86 yrs.

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR  
INDUSTRY

Sister of Charity

11. BIRTHPLACE (State or foreign country)

Providence R. I.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Matthew Fitzpatrick

14. MOTHER'S MAIDEN NAME

Helen Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

Sister Mary Loretta - Villa St. Michael

ADDRESS

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cardio-Vascular Collapse 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio-sclerosis ?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to 9/18, 1952 that I last saw the  
deceased alive on 9/18, 1952, and that death occurred at 1030n., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Alario M. D.

23B. ADDRESS

3376 Frederick Ave

23C. DATE SIGNED

9/19/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 22/52

24C. NAME OF CEMETERY OR CREMATORY

St. Josephs Cemetery

24D. LOCATION (City, town, or county) (State)

Emmitsburg, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Stewart &amp; Mowen Co., 108 W. North Ave.,

25. FUNERAL DIRECTOR

ADDRESS

VS 150

52 8713

Balto, #1, Md.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Registrar

Signature of Physician

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Undertaker

Signature of Burial Society

Signature of Cemetery

Signature of Funeral Home

Signature of Mortician

Signature of Embalmer

Signature of Preparator

Signature of Assistant

Signature of Janitor

Signature of Cook

Signature of Housekeeper

Signature of Laundry

Signature of Messenger

Signature of Porter

Signature of Steward

Signature of Captain

Signature of Engineer

Signature of Fireman

Signature of Conductor

Signature of Ticket Collector

Signature of Baggage Claim

Signature of Freight Agent

Signature of Express Agent

Signature of Warehouseman

Signature of Shipper

Signature of Receiver

Signature of Inspector

Signature of Auditor

Signature of Treasurer

350

52 8719

PIETRO CATANEO  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8719

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Pietro A. Cataneo</b>			2. DATE OF DEATH <b>Sept. 18 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>353 S. Cornwall St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-05</b>		
c. Length of stay in Baltimore <b>46</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>353 S. Cornwall St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 31 1888</b>	9. AGE (In years last birthday) <b>64</b>	10. Under 1 Year Months Days Hours Min. <b>5 18</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ship Linesman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		
13. FATHER'S NAME <b>Michael Cataneo</b>			11. BIRTHPLACE (State or foreign country) <b>Poggia Italy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____			12. CITIZEN OF WHAT COUNTRY? _____		
16. SOCIAL SECURITY NO. _____			14. MOTHER'S MAIDEN NAME <b>Agnes Castellucci</b>		
17. INFORMANT <b>Anna Cataneo</b>			ADDRESS <b>353 S. Cornwall St.</b>		

MEDICAL CERTIFICATION	18. <b>443 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Hypertensive Crisis - Vascular Disease</b> DUE TO _____ (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____				
	19A. DATE OF OPERATION <b>9</b> 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **June 1951** to **Sept. 18, 1952**, that I last saw the deceased alive on **9/5**, 19**52**, and that death occurred at **7:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE <b>Joseph Robert Roberts</b>	M. D. <b>3508 Bank St.</b>	23B. ADDRESS <b>3508 Bank St.</b>	23C. DATE SIGNED <b>9/18/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 22 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. Balt. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 21 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Frank Della</b>	ADDRESS <b>22 S. High St.</b>

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• 12.11.2003 • 12.11.2003

• 10/11/2010 2:55

532  
52 8720SAINTERCROSS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8720

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Richard Saintercross</b>			2. DATE OF DEATH <b>Sept. 19 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>232 S. Conkling St.</b> B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>232 S. Conkling St.</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>May 16 1936</b>		
9. AGE (In years last birthday) <b>16</b>			10. Under 1 Year Months: Days <b>4</b>		
11. Under 24 Hours Hours: Min. <b>3</b>			12. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Boy</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>Emil Saintercross</b>			14. MOTHER'S MAIDEN NAME <b>Anna Gentile</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

MEDICAL CERTIFICATION

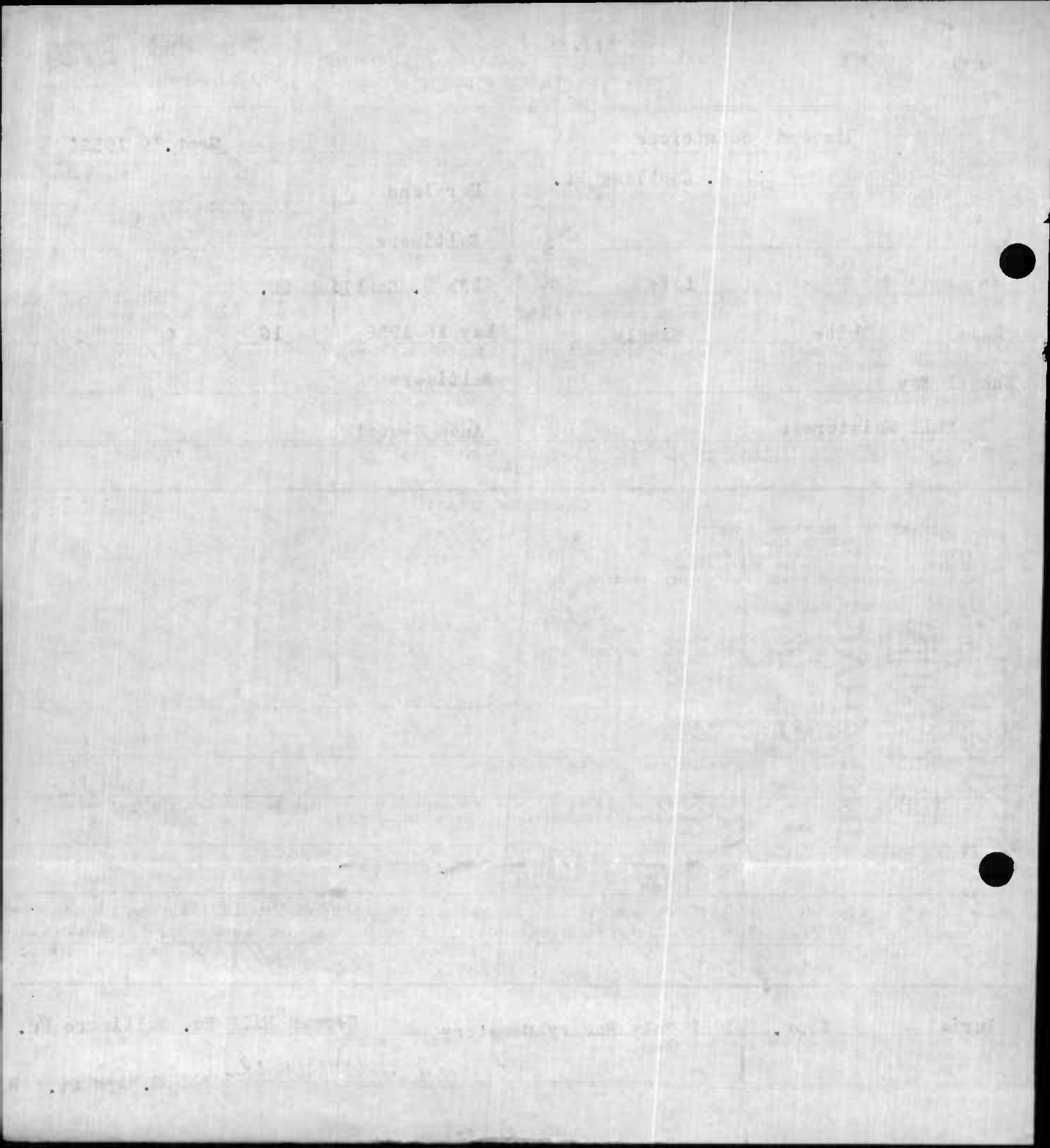
18. <b>401.3 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <b>Rheumatic Heart Disease</b> ANTECEDENT CAUSES DUE TO (B) <b>Acute Rheumatic Fever</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>Rheumatic Heart Disease</b> <b>Acute Rheumatic Fever</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
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19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <b>June 24, 1952</b> , to <b>September 19, 1952</b> , that I last saw the deceased alive on <b>September 18, 1952</b> , and that death occurred at <b>1 P. m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>John Constantine</b>	23B. ADDRESS <b>234 S. Conkling Street</b>	23C. DATE SIGNED <b>9-20-52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 22 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>German Hill Rd. Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 21 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	FUNERAL DIRECTOR <b>Frank Deller Koel</b>	ADDRESS <b>322 S. High St.</b>

1 9 5 2 0 0 0 8 7 1





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8721

52 8721  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Gregorek</i>			2. DATE OF DEATH <i>SEP 19 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Oslen 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>6-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>131 N. Milton Ave.</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>2-11-24</i>		9. AGE (in years last birthday) <i>28</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>
13. FATHER'S NAME <i>Fred Duckert</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Sinnix</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Advanced liver disease with coma</i> DUE TO (A) <i>Cirrhosis</i> (B) <i>Infectious hepatitis or disseminated</i> (C) <i>suppurative inflammation.</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-25-*, 195*2*, to *9-19-*, 195*2*, that I last saw the deceased alive on *9-19-*, 195*2*, and that death occurred at *7:55 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Lawrence E. Shulman, M.D.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9-20-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial.</i>	24B. DATE <i>Sept 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>German Hill Rd.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 22 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Schimunek Funeral Home</i>	ADDRESS <i>2601 E. Madison St.</i>
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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1911

1911

NEW YORK

1911

DEATH OF

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS INJURY

PREVIOUS DISEASE

PREVIOUS TREATMENT

PREVIOUS MEDICATION

PREVIOUS SURVIVAL

PREVIOUS DEATH

PREVIOUS BURIAL

PREVIOUS CREMATION

PREVIOUS INTERMENT

PREVIOUS REINTERMENT

PREVIOUS REINTERMENT

PREVIOUS REINTERMENT

PREVIOUS REINTERMENT

52 8722

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8722  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROSE SAPPERSTEIN</b>		2. DATE OF DEATH <b>9-21-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Levinidale</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-17</b>	
c. Length of stay in Baltimore <b>40</b> Yrs. <b>Mo.</b> <b>Days</b>		D. STREET ADDRESS (If rural, give location) <b>Levinidale</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>70</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Not known</b>		14. MOTHER'S MAIDEN NAME <b>Not known</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Hospital records</b>		ADDRESS	

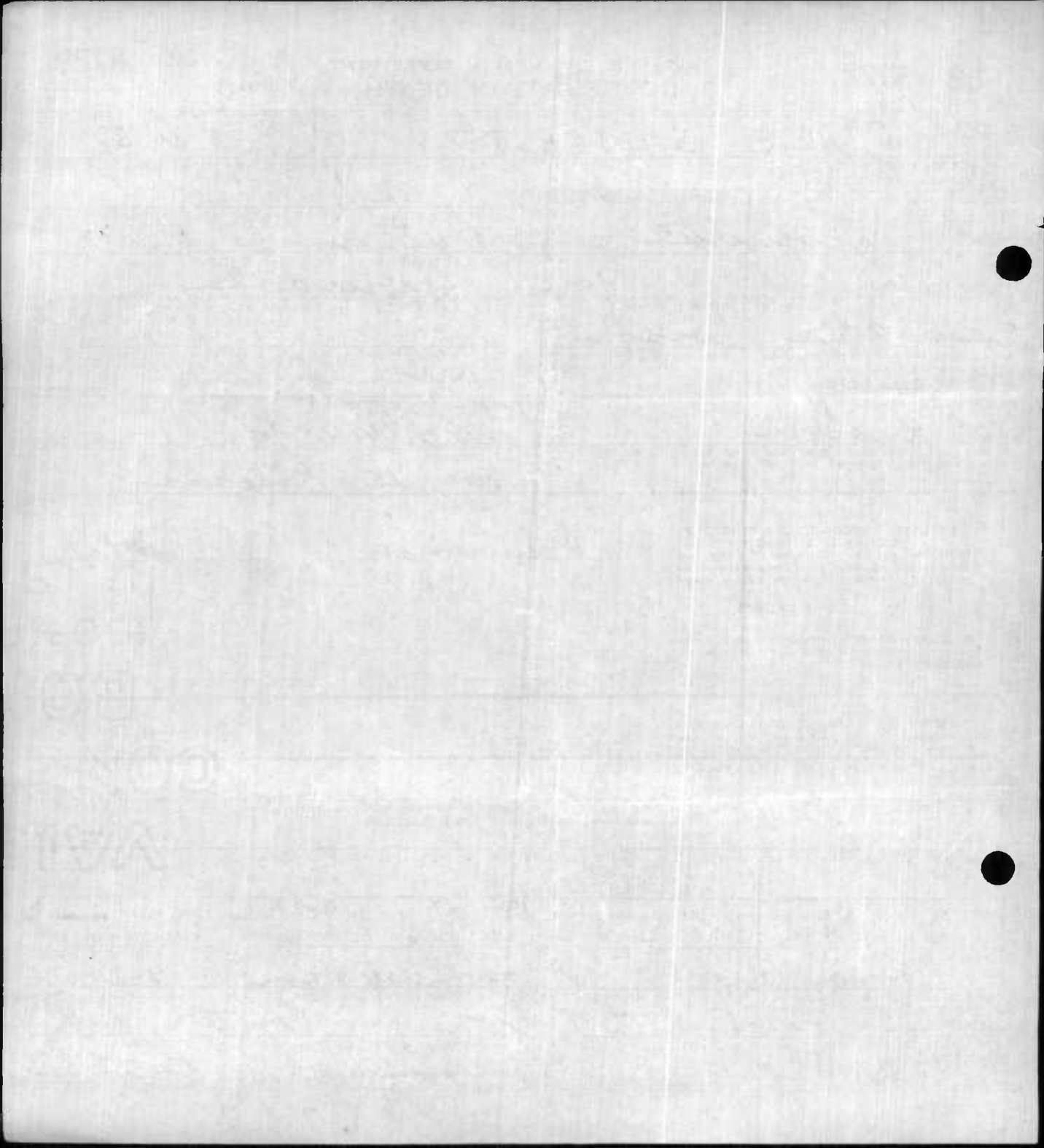
18. <b>493x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-21-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1-17-47**, 19**47**, to **9-21**, 19**52**, that I last saw the deceased alive on **9-21**, 19**52**, and that death occurred at **6:30** a.m., from the causes and on the date stated above.

23A. SIGNATURE <b>Henry Nagel</b>	23B. ADDRESS <b>Levinidale Home</b>	23C. DATE SIGNED <b>9-21-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-22-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Rt. T. F. Loh</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 22 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>W. A. C. Lewis</b>		ADDRESS <b>2100 Eutaw Pl</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8723**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**PEREZ NACHMAN**

2. DATE  
OF  
DEATH

**9-21-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**4751 Park Heights Ave**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

**MD**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore 27-16**

D. STREET ADDRESS (If rural, give location)

**4751 Park Heights Ave**

Length of stay in Baltimore

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

9. AGE (in years last birthday)

**85**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Tailor**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Russia**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Mendel**

14. MOTHER'S MAIDEN NAME

**Miriam**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Paula Nachman - Daughter**

ADDRESS

18. **443X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Embolism**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Ch myocardial disease**

DUE TO

(C) **Hypertension**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/19**, 19**52**, to **9/21**, 19**52**, that I last saw the deceased alive on **9/21**, 19**52** and that death occurred at **5:10** p. m., from the causes and on the date stated above.

23A. SIGNATURE

**Asa Hornstein**

23B. ADDRESS

**2042 Biddle St**

23C. DATE SIGNED

**9/22/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9-22-52**

24C. NAME OF CEMETERY OR CREMATORY

**Beth Isaac**

24D. LOCATION (City, town, or county)

**Baltimore, MD**

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 22 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Jack Lewis, Inc 2100 Canton Rd**

ADDRESS

VS 150

9520008710

Hornsteine

11

COND



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

361

52 8724

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8724  
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <b>WILLIAM HENRY LAUTERBACH</b>	
2. DATE OF DEATH <b>Sept. 18, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1909 E. 28th St.	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>100</b>	
C. Length of stay in Baltimore <b>Lifetime</b>	
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>9-06</b>	
D. STREET ADDRESS (If rural, give location) <b>1909 E. 28th St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 22, 1873</b>
9. AGE (in years last birthday) <b>79</b>	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing cutter</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Jacob Lauterbach</b>	
14. MOTHER'S MAIDEN NAME <b>Kunigunda Miller</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>215-01-6458</b>	
17. INFORMANT ADDRESS <b>Mrs. Elizabeth Lauterbach 1909 E. 28th St</b>	
18. <b>481X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardiac Dilatation</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <b>Influenza and Acute Bronchitis</b> DUE TO <b>Other Significant Conditions Contributing to the Death, but not related to the disease or condition causing it.</b>	
19. DATE OF OPERATION <b>0</b>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>September 10, 1952</b> to <b>September 18, 1952</b> that I last saw the deceased alive on <b>Sept 17, 1952</b> and that death occurred at <b>1:00 Am.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>Albert Eisenberg</b>	
23B. ADDRESS <b>2200 Mayfield Dr</b>	
23C. DATE SIGNED <b>9-19-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>Sept. 22, 1952</b>	
24C. NAME OF CEMETERY OR CREMATION <b>Oak Lawn</b>	
24D. LOCATION (City, town, or county) (State) <b>Colgate, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 22 1952</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR ADDRESS <b>Ullrich Funeral Home 2008 Orleans St.</b>	

19520008719

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

NAME OF CASE

REPORT OF  
INVESTIGATION  
DATE

BY  
SPECIAL AGENT IN CHARGE

REPORT NO.

DATE OF REPORT

REPORT MADE AT

REPORT MADE BY

REPORT MADE FOR

452  
52 8725BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8725  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDNA C. FELLING

2. DATE  
OF  
DEATH

9/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Mary Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 8-02

D. STREET ADDRESS (If rural, give location)

2134 E. Federal St. #13

5. SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Feb 18, 1886

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

13. FATHER'S NAME

William Achanze

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Lan

ADDRESS

18. 550.0 1 1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Massive Pulmonary Embolism 16 hrs.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac Failure 16 hrs.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/16/52 3

19B. MAJOR FINDINGS OF OPERATION

Sub acute appendicitis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1952, to 9/19, 1952, that I last saw the deceased alive on 9/19, 1952, and that death occurred at 8:40 am., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Keen, Jr.

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

9/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 23rd 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

E North Ave Ext.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

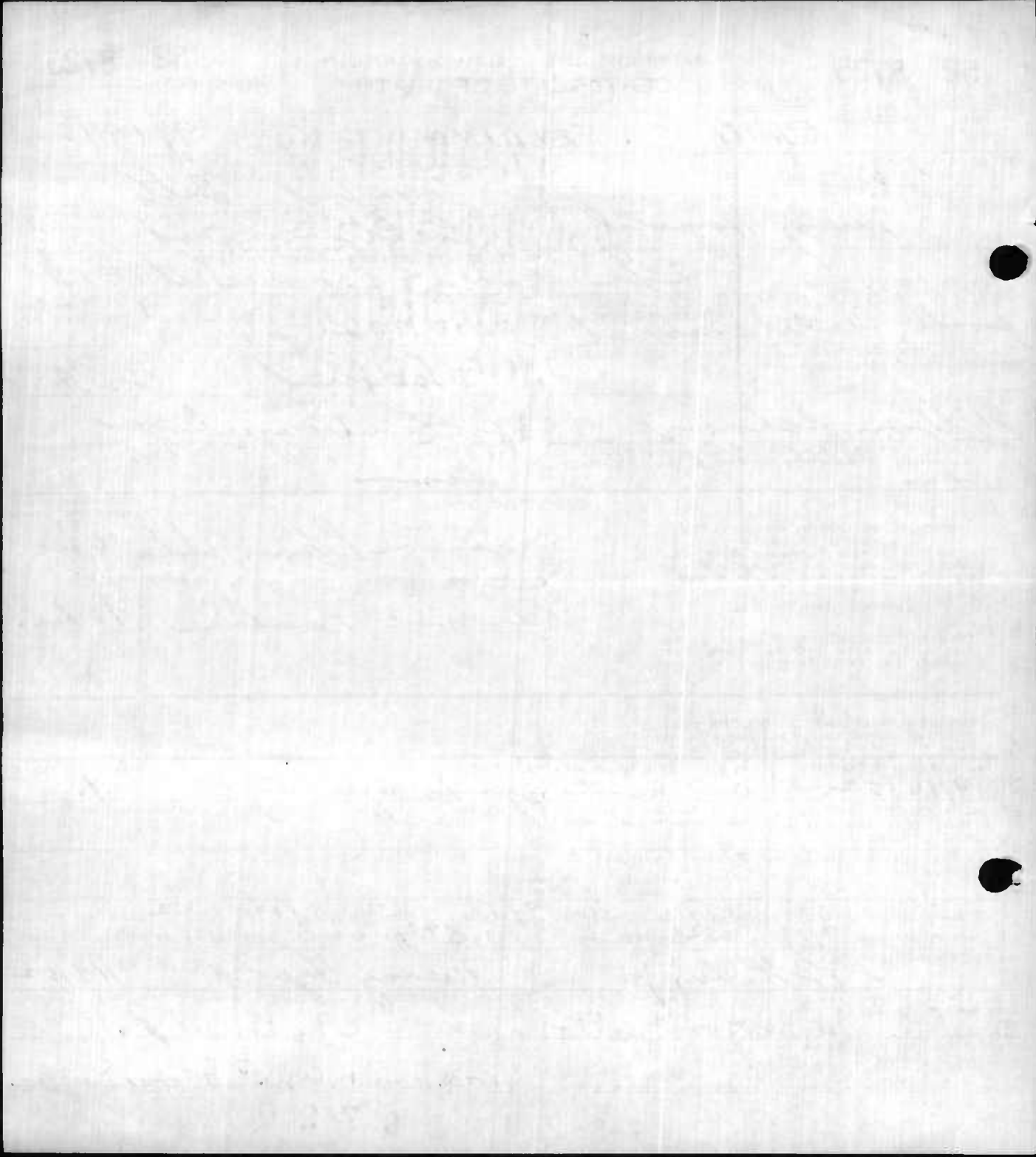
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. D. Lock 1701-03 N. Patterson Park Ave

ADDRESS



52 8726

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8726

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>George H. Schultz</u>		2. DATE OF DEATH <u>Sept 18<sup>th</sup> 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Balto</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1520 N Wolfe St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
6. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural give location) <u>1520 N Wolfe St 8-06</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18<sup>th</sup> 1904</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard Western Electric</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Electric Apparatus (A)</u>	9. AGE (In years last birthday) <u>48</u>
13. FATHER'S NAME <u>John Schultz</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Dora Le Compt</u>	
17. INFORMANT <u>May Schultz</u>		ADDRESS <u>1520 N Wolfe St</u>	

18. <u>198.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of lung</u> DUE TO CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Pancreatic Metastasis</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>7/9/52</u>	19B. MAJOR FINDINGS OF OPERATION <u>Ca of axillary glands</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>7/9</u> , 19 <u>52</u> , to <u>9/17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 18</u> , 19 <u>52</u> , and that death occurred at <u>9/18</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>A. H. Hornstein</u>	23B. ADDRESS <u>204 E. Beside St</u>	23C. DATE SIGNED <u>9/19/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>Sept 22 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Balto National</u>
24D. LOCATION (City, town, or county) <u>Fredrick Rd</u>	24E. STATE <u>MD</u>	25. FUNERAL DIRECTOR <u>Leo S. Cook</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 22 1952</u>	REGISTRAR'S SIGNATURE <u>Therese...</u>	ADDRESS <u>1701 W. Patterson Park</u>

W. Kornstein



52 8727

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8727  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE C. KOPPELMAN

2. DATE  
OF  
DEATH Sept. 18th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

5009 Frankford Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto.

D. STREET ADDRESS (If rural, give location)

5009 Frankford Ave.

26-02

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 21, 1875

9. AGE (In years  
last birthday)

77

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Produce Comm. Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

Own business

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John H. Koppelman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Geo. C. Koppelman, 4203 Arizona Ave.

18. 470.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis  
arterio-sclerosis

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1939, to 9/18, 1952, that I last saw the  
deceased alive on Jan 1, 1939, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

9/18/52 G. C. Koppelman, M.D.

23B. ADDRESS

5103 Hampden Rd.

23C. DATE SIGNED

9/19/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

burial

Sept. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cemetery

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

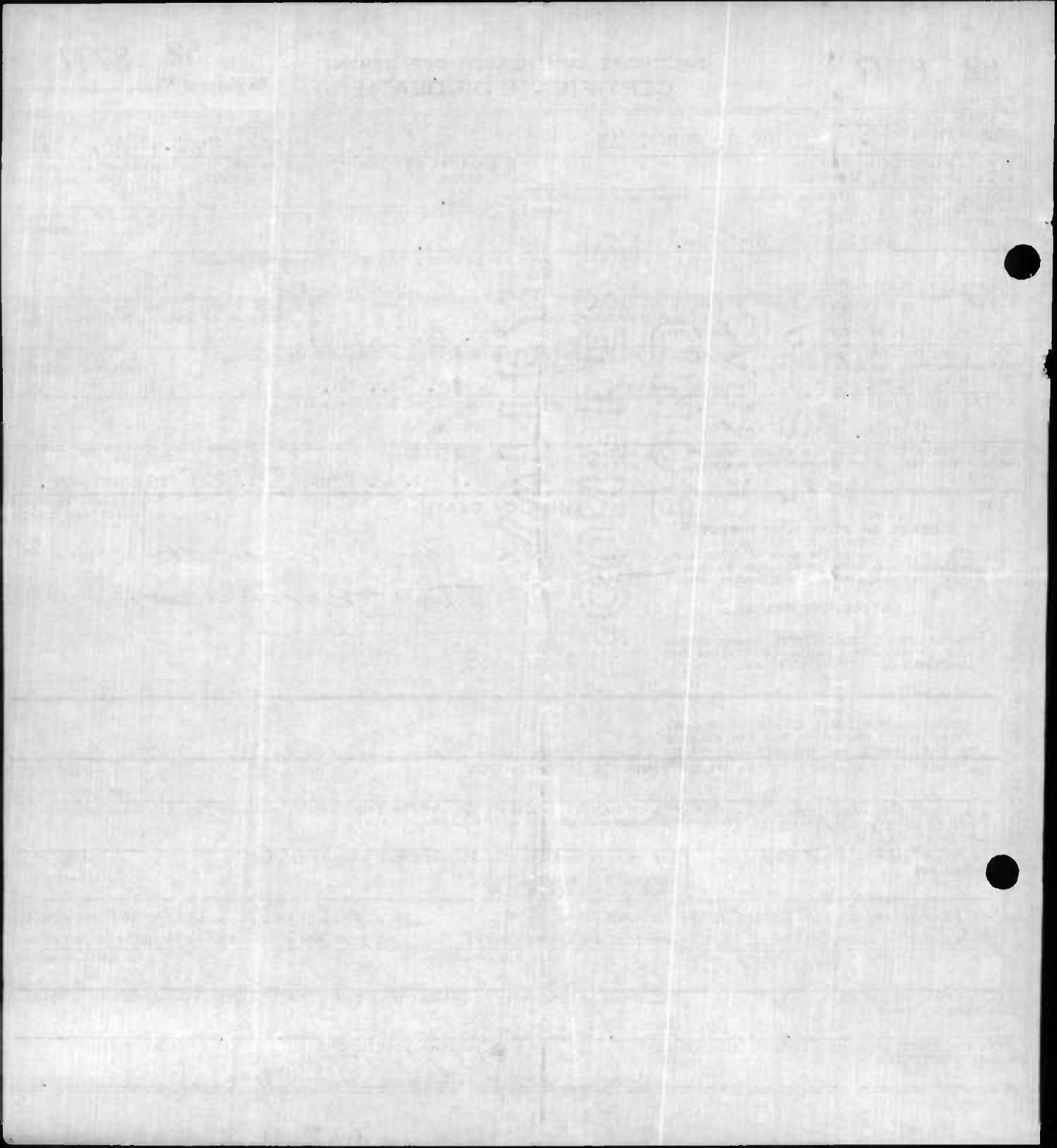
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 7401 Belair Rd.



260

52 8728  
BIRTH NO. 52-04061BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8728  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Anthony Dacre</i>		2. DATE OF DEATH <i>Sept 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Red. H.P.H. 3w</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>3-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 31</i>	
D. STREET ADDRESS (If rural, give location) <i>293 Ballow Ct.</i>			
E. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>2-13-'50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>2</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Dacre</i>		14. MOTHER'S MAIDEN NAME <i>Donna</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>502.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Intestinal hemorrhage.</i> DUE TO <i>LETTERE-SIWE'S</i> (B) <i>Lettere-Siwe's Disease</i> DUE TO <i>Leucopenia &amp; thrombocytopenia</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>9-20-52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>9-14-52</i> , 1952, to <i>9-20-52</i> , 1952, that I last saw the deceased alive on <i>9-20-52</i> , 1952, and that death occurred at <i>1:00 P.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Wendell J. Dippel</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9/20/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer.</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Road. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 22 1952</i>	REGISTRAR'S SIGNATURE <i>Wendell J. Dippel</i>	25. FUNERAL DIRECTOR <i>WENDELL J. DIPPEL</i>	ADDRESS <i>Highland Ave</i>

19520008725

CERTIFICATE OF DEATH

BEFORE THE DEATH OF THE DECEASED

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

52 8729

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8729

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MATTIE BANTAM

2. DATE  
OF  
DEATH

9-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5-21

D. STREET ADDRESS (If rural, give location)

1200 Jefferson Ct.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-2-1894

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George BANTAM

14. MOTHER'S MAIDEN NAME

HATTIE BANKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

ESTHER MACKEY 1208 H. Ct. Apt 3B

18. 470.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

6 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

2 yrs.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 4 March, 1952, to 19 Sept, 1952, that I last saw the  
deceased alive on 17 Sept, 1952, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Bureauel

M. D.

23B. ADDRESS

121 Argus

23C. DATE SIGNED

9/19/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-22-52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A. A. COUNTY, Md

(State)

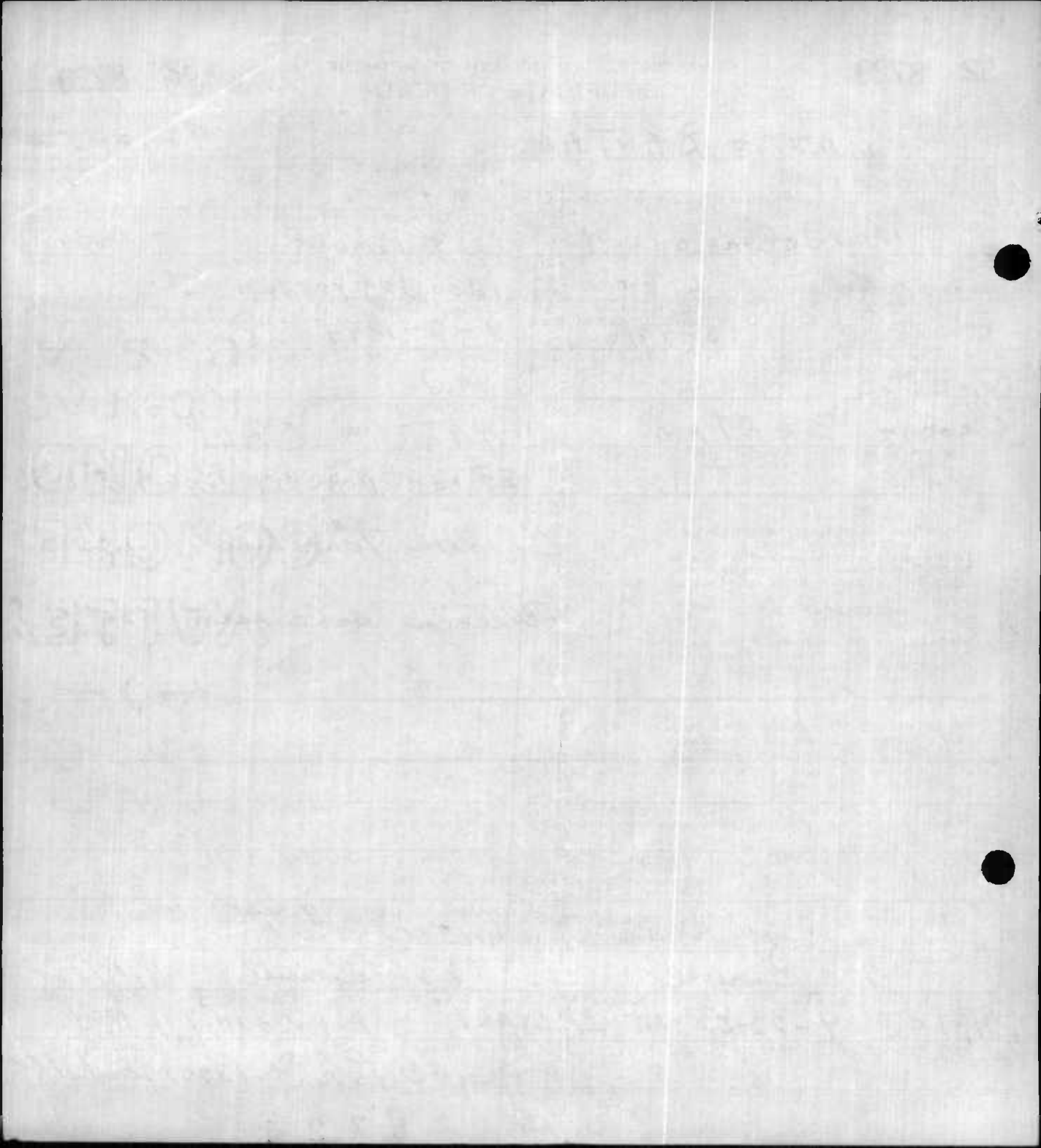
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph S. Lock, Jr. 1304 N. Central Ave





correct age is especially important. Physicians: please write the causes of death clearly and briefly.

Medical Examiner's Case

Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8730  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Pleasant Burrell (BURRELL)

2. DATE  
OF  
DEATH

September 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acc Room

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

928 N. Walpole St. 7-04

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-21-1895

9. AGE (In years  
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR  
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Scott BURRELL

Shipyards

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

YES

(If yes, give war or dates of service)

World War I

16. SOCIAL  
SECURITY NO.

213-09-4213

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive atherosclerotic  
cardiovascular disease

Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema + asthma

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 9-19 1952, to 9-19 1952, that I last saw the deceased alive on 9-19 1952, and that death occurred at 10 52 PM., from the causes and on the date stated above.

23A. SIGNATURE

John R. Hedeman

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-20-52

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-23-52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph S. Koch, Jr. 1304 N. Central Ave

VS 150.

A Medical Examiner's Case for Forensic Certification

NOT A MEDICAL EXAMINER'S CASE

*R. H. Fisher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8731

VMC-163226

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>James Eugene Wise</b>			2. DATE OF DEATH <b>9-19-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>24 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>516 N. Pearl St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 1 1910</b>	9. AGE (In years last birthday) <b>42</b>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>S. C.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Henry Wise (D)</b>			14. MOTHER'S MAIDEN NAME <b>Cecilia Pope</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Records: B. C. H. 4940 Eastern Ave.</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia (Chronic)</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Heart Disease</b> DUE TO <b>Other Significant Conditions Contributing to the Death, but not related to the disease or condition causing it.</b>	CAUSE OF DEATH <b>Uremia (Chronic)</b> <b>Hypertensive Heart Disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b> <b>?</b>
---	--	---

19A. DATE OF OPERATION <b>9-18-52</b>	19B. MAJOR FINDINGS OF OPERATION <b>Patencum of the Urethra</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-17-** 19**52**, to **9-19-** 19**52**, that I last saw the deceased alive on **9-19-** 19**52**, and that death occurred at **5:25A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>[Signature]</b>	23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>9/20/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>9/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Johns</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>[Signature]</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	24D. LOCATION (City, town, or county) (State) <b>Batesburg S. C.</b>
25. FUNERAL DIRECTOR <b>[Signature]</b>		ADDRESS <b>Will ave.</b>

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

Name of Person		Date	
Address		City	
State		County	
Occupation		Education	
Religion		Political Party	
Marital Status		Number of Children	
Date of Birth		Place of Birth	
Date of Death		Cause of Death	
Manner of Death		Place of Death	
Time of Death		Weather	
Temperature		Wind	
Humidity		Pressure	
Visibility		Clouds	
Moon		Stars	
Comets		Aurora	
Other		Remarks	

77

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8732

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Charles Henry Shaulitz</i>		2. DATE OF DEATH <i>Sept. 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>841 Harlem Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-03</i>	
E. Length of stay in Baltimore <i>40 years</i>		D. STREET ADDRESS (If rural, give location) <i>841 Harlem Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Oct. 9, 1867</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butler</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Pat. family</i>	9. AGE (In years last birthday) <i>84</i>
11. BIRTHPLACE (State or foreign country) <i>Brownsville, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>James P. Shaulitz</i>		14. MOTHER'S MAIDEN NAME <i>Coraline</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>Mr. Charles Shaulitz 803 Harlem Ave.</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH <i>9-18-52</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Hypertension</i>	<i>9-2-52</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *9-2-52*, 19*52*, to *9-19-52*, 19*52*, that I last saw the deceased alive on *9-18*, 19*52*, and that death occurred at *8:25 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Heidi Moore</i>		23B. ADDRESS <i>1131 Harlem Avenue</i>		23C. DATE SIGNED <i>9-20-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Sept. 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Family lot</i>	24D. LOCATION (City, town, or county) (State) <i>Brownsville Va.</i>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wilmington Williams, Md.</i>	25. FUNERAL DIRECTOR <i>1651 David Hill Ave</i>		





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8733

L-500  
52 8733  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Louise Avery Lane</b>		2. DATE OF DEATH <b>Sept. 20, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <b>District of Columbia</b> B. COUNTY <b>Washington</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>903 Appleton St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Washington</b>	
D. STREET ADDRESS (If rural, give location) <b>2101 Connecticut Ave. N.W.</b>		E. LENGTH OF STAY IN BALTIMORE <b>12 hrs.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 6, 1906</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Dom. Family</b>	
11. BIRTHPLACE (State or foreign country) <b>Morgan, N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Charles Avery</b>		14. MOTHER'S MAIDEN NAME <b>Beatrice M. Dowell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>2101 Connecticut Ave. N.W. D.C.</b>	

18. <b>443 X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <b>Hyper-tensive Heart Disease</b>			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

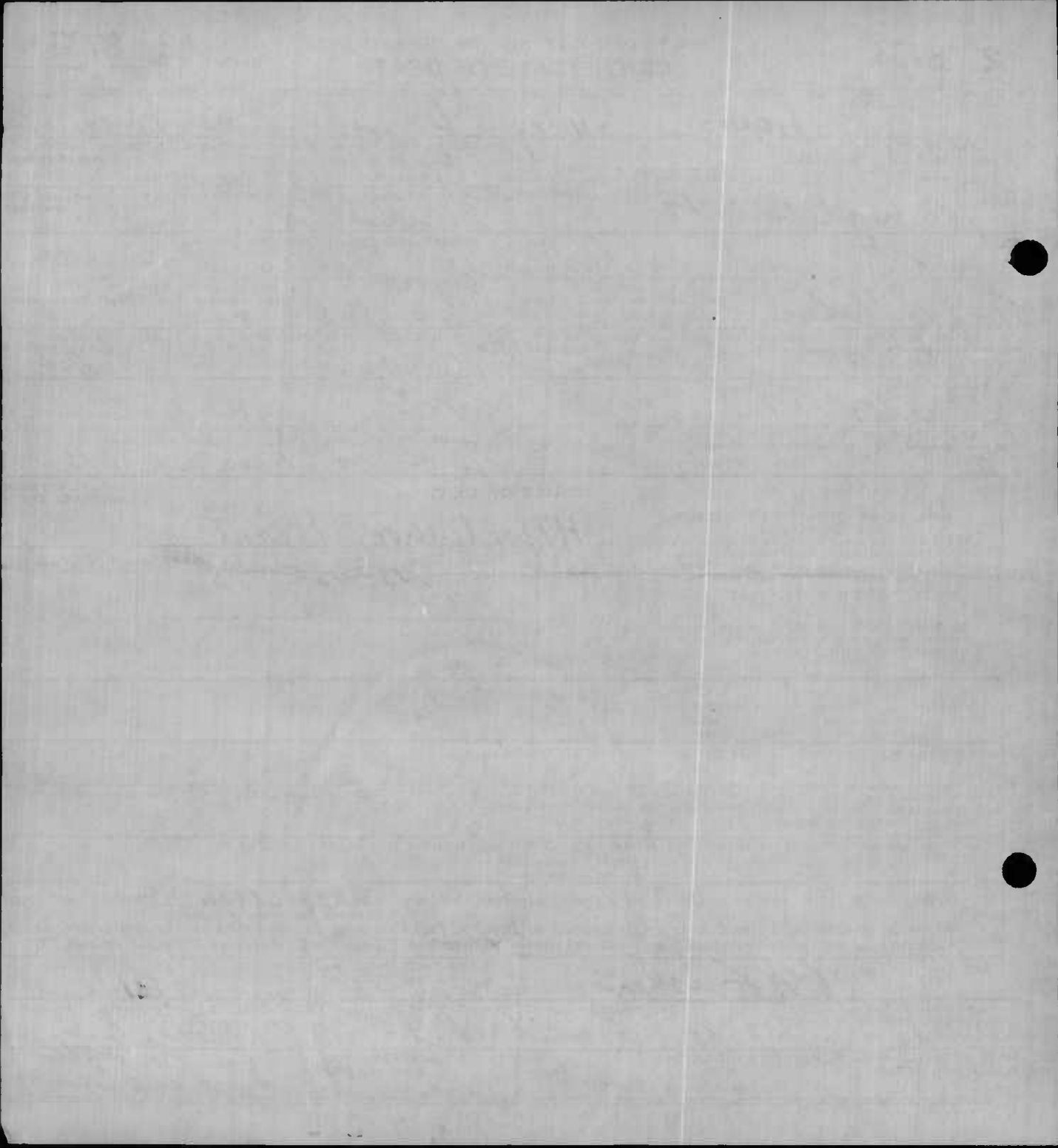
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. B. Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>9/21/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 23, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
24D. LOCATION (City, town, or county) <b>Morgan, N.C.</b>		24E. STATE <b>N.C.</b>		24F. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	
24G. REGISTRAR'S SIGNATURE <b>William H. Holliman, M.D.</b>		24H. FUNERAL DIRECTOR <b>1631 S. Main St. N.W.</b>		24I. ADDRESS <b>1631 S. Main St. N.W.</b>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



A-536

52 8734

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8734  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Lelia Anderson*2. DATE  
OF  
DEATH9-19-52  
Sept. 19 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1305 Myrtle Ave

C. Length of stay in Baltimore

26 yrs  
Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balti

D. STREET ADDRESS (If rural, give location)

1305 Myrtle Ave

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Jan. 10, 1902

9. AGE (In years  
last birthday)

50

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Columbia S. C.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John Totatley

14. MOTHER'S MAIDEN NAME

Susie Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Betty Anderson - 1305 Myrtle Ave

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/52, 19, to 9/19/52, 19, that I last saw the  
deceased alive on 9/15/52, 19, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William James

M. D.

23B. ADDRESS

253 Condit

23C. DATE SIGNED

9/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Balti Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wallis

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

ADDRESS

1011 N. Guilford Ave

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Charles H. H. H.  
Baltimore - Md.  
Baltimore - Md.

11/12/11  
11/12/11  
11/12/11  
11/12/11

J-520  
52 8735BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8735  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY E. JONES

2. DATE  
OF  
DEATH

SEPT. 22 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

S. BALTO. GEN HOSP.

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTO

9-08

D. STREET ADDRESS (If rural, give location)

2227 KIRK AVE

C. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR 22, 1879

9. AGE (in years  
last birthday)

73

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JAMES SULLIVAN

14. MOTHER'S MAIDEN NAME

KATHERINE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

DAVID JONES

ADDRESS

SAME

18.

190X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

UREMIA METASTATIC CARC.

DUE TO

Noma of Bunt. Hypoen-  
dial fibrosis.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1952 to Sept. 22, 1952 that I last saw the  
deceased alive on Sept. 21, 1952 and that death occurred at 12:20 AM., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Conway

M. D.

23B. ADDRESS

South Balto Genl Hosp

23C. DATE SIGNED

Sept. 22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/25/52

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county)

FREDERICK AVE. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

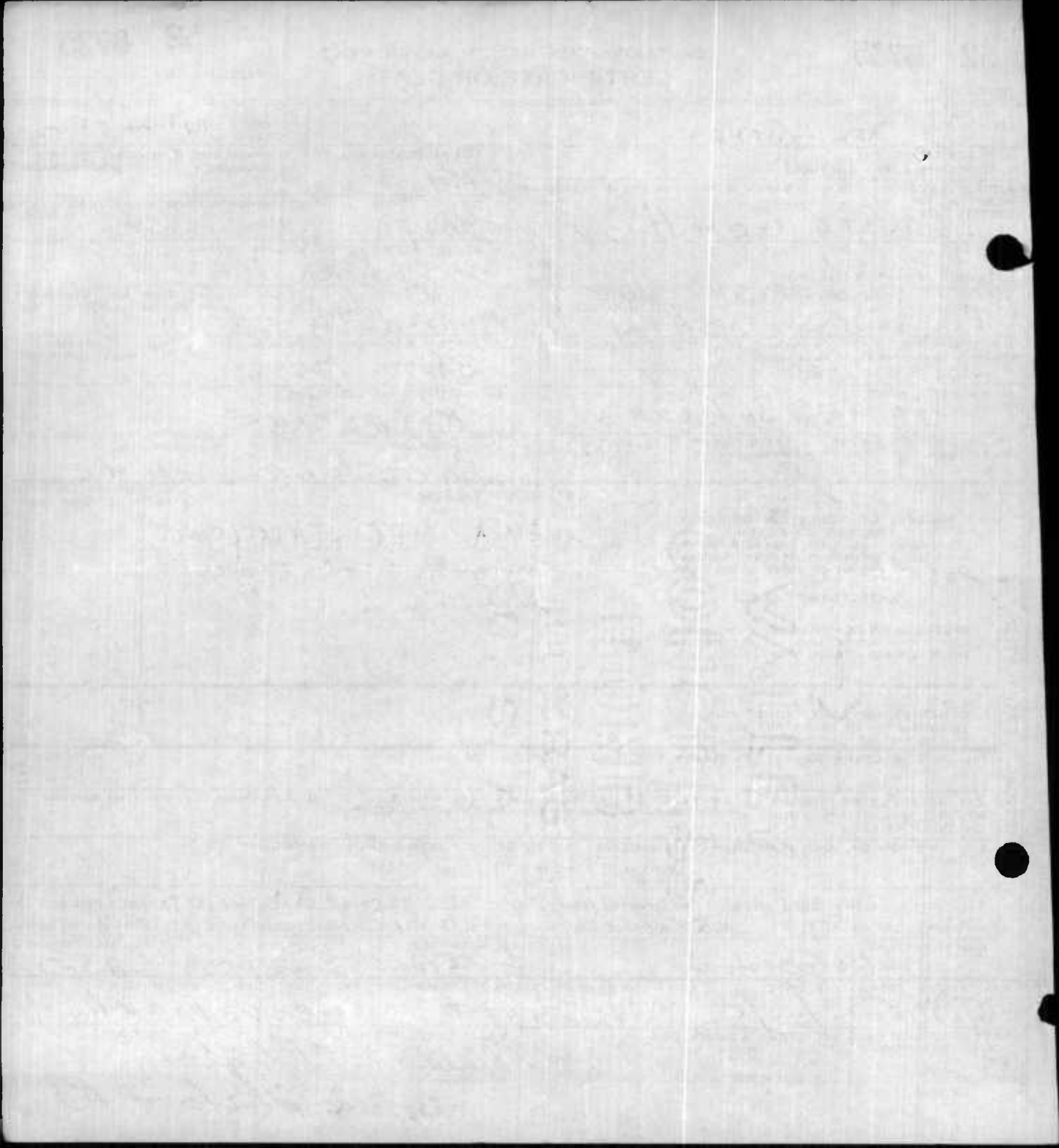
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mildred J. Blight

ADDRESS

6009 Warford Rd.





52 8736

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8736

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BENJAMIN J. JOHNSON

2. DATE  
OF  
DEATH

September 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done, bring most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore Steamship Co.

13. FATHER'S NAME

Paris Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

228-18-9803

17. INFORMANT

Annice Thompson - 7172. Caroline St

18.

443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive arteriosclerotic  
cardiovascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Howard

23B. CHIEF MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

Sept. 19, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 22 1952

Robert H. Young 12162. Caroline St

VS 151

75455

The information shown on this certificate is for statistical purposes only. It is not to be used for legal purposes. Physicians: please write the causes of death clearly and fully.

M. F.

216

52 8737

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8737

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry Pigford

2. DATE  
OF  
DEATH

9/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 12-04

D. STREET ADDRESS (If rural, give location)

400 E. Wackerly St

c. Length of stay in Baltimore

35 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

Aug. 30, 1907 - 30

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insphourman

10B. KIND OF BUSINESS OR INDUSTRY

Water Taint

11. BIRTHPLACE (State or foreign country)

Pembroke N. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

David Redford

14. MOTHER'S MAIDEN NAME

Siggie Buie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

1 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive atherosclerotic cardiovascular disease

DUE TO

5 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 18, 1952 to Sept 18, 1952 that I last saw the deceased alive on Sept 18, 1952 and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Hedman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus Balt. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1110 Beatty rd

ADDRESS

VS 150

94255008732

correct age is especially important



52 8738

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8738  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT DOUGHTY

2. DATE  
OF  
DEATH

9/19/52

3. PLACE OF DEATH

A. Baltimore City, Maryland

BALT.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

116 HAMMERBACHER

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALT. 30 23-01

D. STREET ADDRESS (If rural, give location)

116 HAMMERBACHER ST.

c. Length of stay in Baltimore

12 Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK22. I hereby certify that I attended the deceased from 8/1, 1951, to 9/19, 1952, that I last saw the  
deceased alive on 8/13, 1952, and that death occurred at 6 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 22 1952

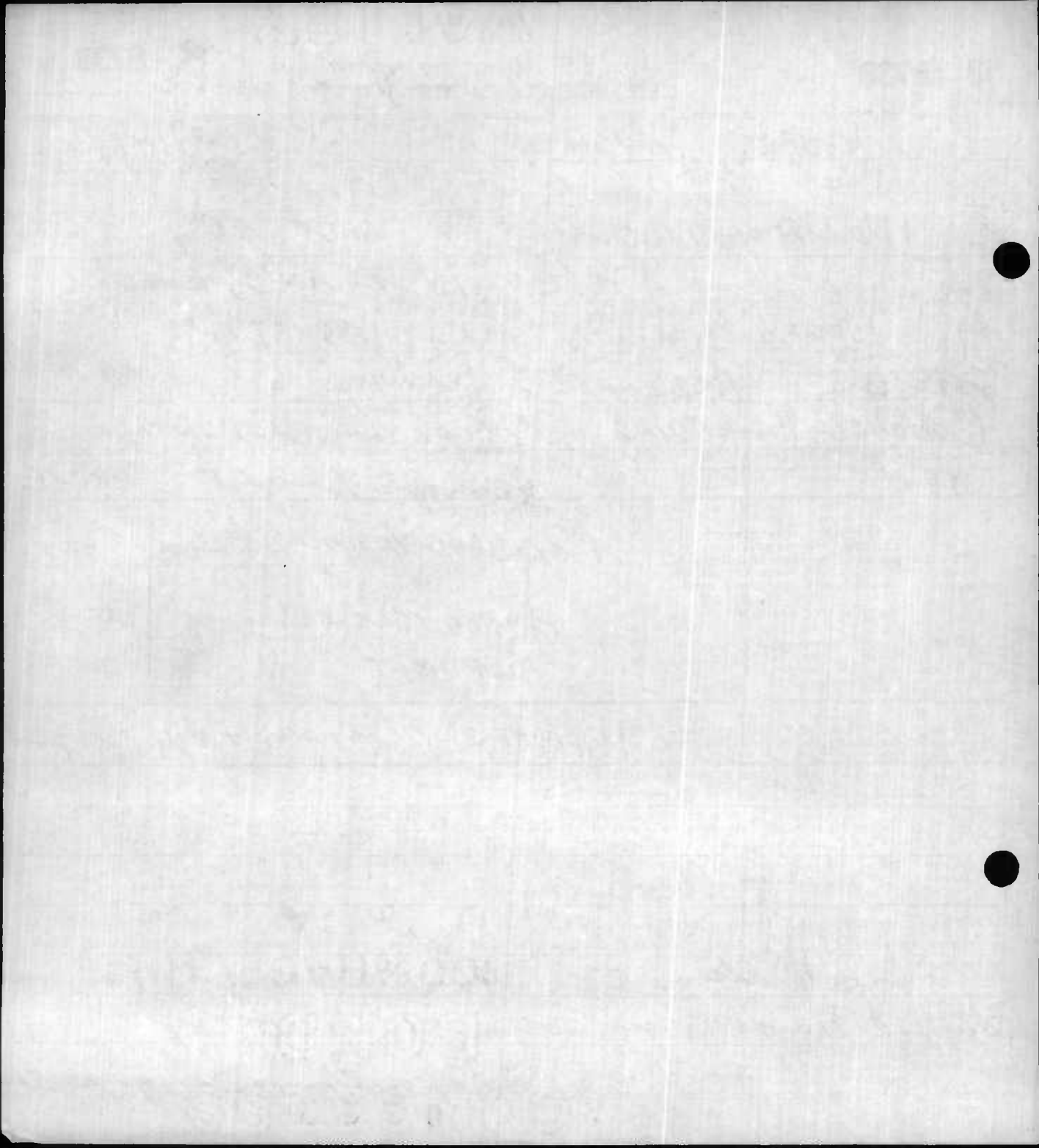
Huntington Williams, M.D.

J. L. Brown &amp; Son 20 Montgomery St

VS 150

1958-208733

MEDICAL CERTIFICATION





243

52 8739

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8739

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert Mc Cloud

2. DATE  
OF  
DEATH

9-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE 1140 Russell St B. COUNTY Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-01

D. STREET ADDRESS (If rural, give location)

1140 Russell St

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

12/24/1895

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Dye Plant

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Bill Mc Cloud

14. MOTHER'S MAIDEN NAME

Mae Wooden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Frank Mc Cloud 906 Resam St

18. 157x and 260x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH(A) Carcinoma - head of Pancreas ?  
DUE TO metastasis to liver

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Diabetes  
DUE TO  
(C) alcoholic excessII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1952 to 9-19, 1952, that I last saw the  
deceased alive on 9-19, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Heimer

M. D.

23B. ADDRESS

Univ Hospital

23C. DATE SIGNED

9-19-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/22/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary St

24D. LOCATION (City, town, or county)

G. A. Co., Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Brown &amp; Son Montgomery St

108-W ADDRESS

152 970 86734

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1910

Name of Plant		Date of Collection	
Botanical Name		Locality	
Collector		Number of Plants	
Number of Seeds		Remarks	
Number of Fruits		Number of Leaves	
Number of Flowers		Number of Branches	
Number of Stems		Number of Roots	
Number of Buds		Number of Nodes	
Number of Internodes		Number of Joints	
Number of Spines		Number of Thorns	
Number of Prickles		Number of Hairs	
Number of Glands		Number of Scent	
Number of Taste		Number of Smell	
Number of Color		Number of Shape	
Number of Size		Number of Weight	
Number of Length		Number of Width	
Number of Depth		Number of Thickness	
Number of Volume		Number of Mass	
Number of Density		Number of Hardness	
Number of Softness		Number of Elasticity	
Number of Brittleness		Number of Flexibility	
Number of Fragility		Number of Durability	
Number of Resistance		Number of Susceptibility	
Number of Tolerance		Number of Sensitivity	
Number of Adaptability		Number of Variability	
Number of Plasticity		Number of Malleability	
Number of Ductility		Number of Castability	
Number of Forgeability		Number of Weldability	
Number of Solderability		Number of Brazability	
Number of Rivetability		Number of Boltability	
Number of Nuttability		Number of Washability	
Number of Drillability		Number of Tapsability	
Number of Reamability		Number of Honingability	
Number of Grindingability		Number of Polishingability	
Number of Buffingability		Number of Finishingability	
Number of Coatingability		Number of Paintingability	
Number of Stainingability		Number of Dyeingability	
Number of Tintingability		Number of Coloringability	
Number of Markingability		Number of Engravingability	
Number of Etchingability		Number of Engravingability	
Number of Stampingability		Number of Pressingability	
Number of Rollingability		Number of Drawingability	
Number of Extrudingability		Number of Castingability	
Number of Forgingability		Number of Annealingability	
Number of Temperingability		Number of Heat Treatingability	
Number of Surface Finishingability		Number of Internal Stressability	
Number of Dimensional Stability		Number of Mechanical Propertyability	
Number of Physical Propertyability		Number of Chemical Propertyability	
Number of Biological Propertyability		Number of Environmental Propertyability	
Number of Historical Propertyability		Number of Cultural Propertyability	
Number of Economic Propertyability		Number of Social Propertyability	
Number of Political Propertyability		Number of Legal Propertyability	
Number of Religious Propertyability		Number of Philosophical Propertyability	
Number of Scientific Propertyability		Number of Artistic Propertyability	
Number of Literary Propertyability		Number of Musical Propertyability	
Number of Dramatic Propertyability		Number of Cinematic Propertyability	
Number of Televisual Propertyability		Number of Electronic Propertyability	
Number of Mechanical Propertyability		Number of Electrical Propertyability	
Number of Magnetic Propertyability		Number of Optical Propertyability	
Number of Acoustic Propertyability		Number of Thermal Propertyability	
Number of Radiative Propertyability		Number of Gravitational Propertyability	
Number of Atomic Propertyability		Number of Molecular Propertyability	
Number of Cellular Propertyability		Number of Tissue Propertyability	
Number of Organ Propertyability		Number of System Propertyability	
Number of Organism Propertyability		Number of Population Propertyability	
Number of Community Propertyability		Number of Ecosystem Propertyability	
Number of Biome Propertyability		Number of Biosphere Propertyability	
Number of Planet Propertyability		Number of Universe Propertyability	

520

52 8740

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8740

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WALTER HANES</b>		2. DATE OF DEATH <b>9-19-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-06</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3615 Hickory Ave #11</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec 26-1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Relief Iron Mtn</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>foundry</b>	9. AGE (In years last birthday) <b>62</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>John HANES</b>		14. MOTHER'S MAIDEN NAME <b>Sarah E Holland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>E. Emma Hanes</b>		ADDRESS <b>3615 Hickory Ave</b>	

18. <b>443 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral vascular accident</b> DUE TO <b>Antenatal hypertension C.V.D.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **9-19**, 19**52**, to **9-19**, 19**52**, that I last saw the deceased alive on **9-19**, 19**52**, and that death occurred at **4:35 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Donald A. Wexel** M. D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **9-19-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept 23-52** 24C. NAME OF CEMETERY OR CREMATORY **Lorraine Park** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 22 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Frank H. Seitz** ADDRESS \_\_\_\_\_

0772

55

NEW YORK CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

10

CAUSE OF DEATH

NEW YORK CITY

52 8741

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8741

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.  
Mos.  
Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

Dept. Labor INDUSTRY

U. S. Gov't.

13. FATHER'S NAME

Rev. E. Cookman Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

Sept. 20, 1952

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Glen Echo Heights

D. STREET ADDRESS (If rural, give location)

5304 Ingham Rd

8. DATE OF BIRTH

12-21-'00

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ada E. Brown

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

## CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

LYMPHO SARCOMA

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 yrs.

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10-52, 1952 to 9-20-52, that I last saw the deceased alive on 9-20-52, and that death occurred at 3:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Curtis L. Sexton

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

2 Km. J. Pickens &amp; Sons

ADDRESS

Balto 17 Md.

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1971

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Usual residence		8. Cause of death		9. Manner of death	
10. Physician's signature		11. Medical examiner's signature		12. Registrar's signature	
13. Date of completion		14. Signature of informant		15. Informant's relationship	
16. Informant's address		17. Informant's telephone		18. Informant's occupation	
19. Informant's signature		20. Informant's date		21. Informant's address	
22. Informant's telephone		23. Informant's occupation		24. Informant's signature	
25. Informant's date		26. Informant's address		27. Informant's telephone	
28. Informant's occupation		29. Informant's signature		30. Informant's date	
31. Informant's address		32. Informant's telephone		33. Informant's occupation	
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46. Informant's address		47. Informant's telephone		48. Informant's occupation	
49. Informant's signature		50. Informant's date		51. Informant's address	
52. Informant's telephone		53. Informant's occupation		54. Informant's signature	
55. Informant's date		56. Informant's address		57. Informant's telephone	
58. Informant's occupation		59. Informant's signature		60. Informant's date	
61. Informant's address		62. Informant's telephone		63. Informant's occupation	
64. Informant's signature		65. Informant's date		66. Informant's address	
67. Informant's telephone		68. Informant's occupation		69. Informant's signature	
70. Informant's date		71. Informant's address		72. Informant's telephone	
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91. Informant's address		92. Informant's telephone		93. Informant's occupation	
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97. Informant's telephone		98. Informant's occupation		99. Informant's signature	
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103. Informant's occupation		104. Informant's signature		105. Informant's date	
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163. Informant's occupation		164. Informant's signature		165. Informant's date	
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214. Informant's signature		215. Informant's date		216. Informant's address	
217. Informant's telephone		218. Informant's occupation		219. Informant's signature	
220. Informant's date		221. Informant's address		222. Informant's telephone	
223. Informant's occupation		224. Informant's signature		225. Informant's date	
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253. Informant's occupation		254. Informant's signature		255. Informant's date	
256. Informant's address		257. Informant's telephone		258. Informant's occupation	
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262. Informant's telephone		263. Informant's occupation		264. Informant's signature	
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268. Informant's occupation		269. Informant's signature		270. Informant's date	
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280. Informant's date		281. Informant's address		282. Informant's telephone	
283. Informant's occupation		284. Informant's signature		285. Informant's date	
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289. Informant's signature		290. Informant's date		291. Informant's address	
292. Informant's telephone		293. Informant's occupation		294. Informant's signature	
295. Informant's date		296. Informant's address		297. Informant's telephone	
298. Informant's occupation		299. Informant's signature		300. Informant's date	



600

52 8742

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8742  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Arthur Lee Moore</b>		2. DATE OF DEATH <b>19 Sept, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b> C. CITY OR TOWN <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>4800 Arabia Ave</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-14-1885</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Detective</b>		9. AGE (In years last birthday) <b>67</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Private Agency</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Augustus Moore</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
14. MOTHER'S MAIDEN NAME <b>Mary E. Williams</b>		17. INFORMANT ADDRESS <b>Mrs. Frieda W. Moore 4800 Arabia Ave.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>219-01-0751</b>	

MEDICAL CERTIFICATION

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardiac arrest</b> DUE TO <b>Arteriosclerotic heart disease</b> DUE TO <b>7 years.</b>	INTERVAL BETWEEN ONSET AND DEATH <b>momentary</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June</b> , 1949, to <b>19 Sept</b> , 1952, that I last saw the deceased alive on <b>19 Sept</b> , 1952, and that death occurred at <b>11<sup>10</sup> pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. Douglas Lockard</b> M. D.		23B. ADDRESS <b>802 Cathedral St.</b>		23C. DATE SIGNED <b>19 Sept, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 23, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tickner &amp; Son</b>	ADDRESS <b>704 E. ...</b>
--	---	---	------------------------------

5793828737

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Witness	
16. Signature of Family Member		17. Signature of Friend		18. Signature of Neighbor	
19. Signature of Minister		20. Signature of Priest		21. Signature of Rabbi	
22. Signature of Imam		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
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64. Signature of Other		65. Signature of Other		66. Signature of Other	
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70. Signature of Other		71. Signature of Other		72. Signature of Other	
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91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

630

52 8743

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8743  
Registered No.

BIRTH NO. 3		2	
1. NAME OF DECEASED (Type or Print) <b>JARRETT, AUDREY Elizabeth</b>		2. DATE OF DEATH <b>Sept. 20, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO.</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>University Hospital Baltimore, Maryland</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lochearn 53-00</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3807 Lochearn Drive</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 13, 1921</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (in years last birthday) <b>31</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>George V. Knight</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>220-03-9212</b>		14. MOTHER'S, MAIDEN NAME <b>Amelia C. Chenoweth</b>	
17. INFORMANT		ADDRESS <b>Mr. James L. Jarrett-3807 Lochearn Dr.</b>	

18. **330X I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**(A) Intracerebral and Subarachnoid Hemorrhage**  
DUE TO **a few hours**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

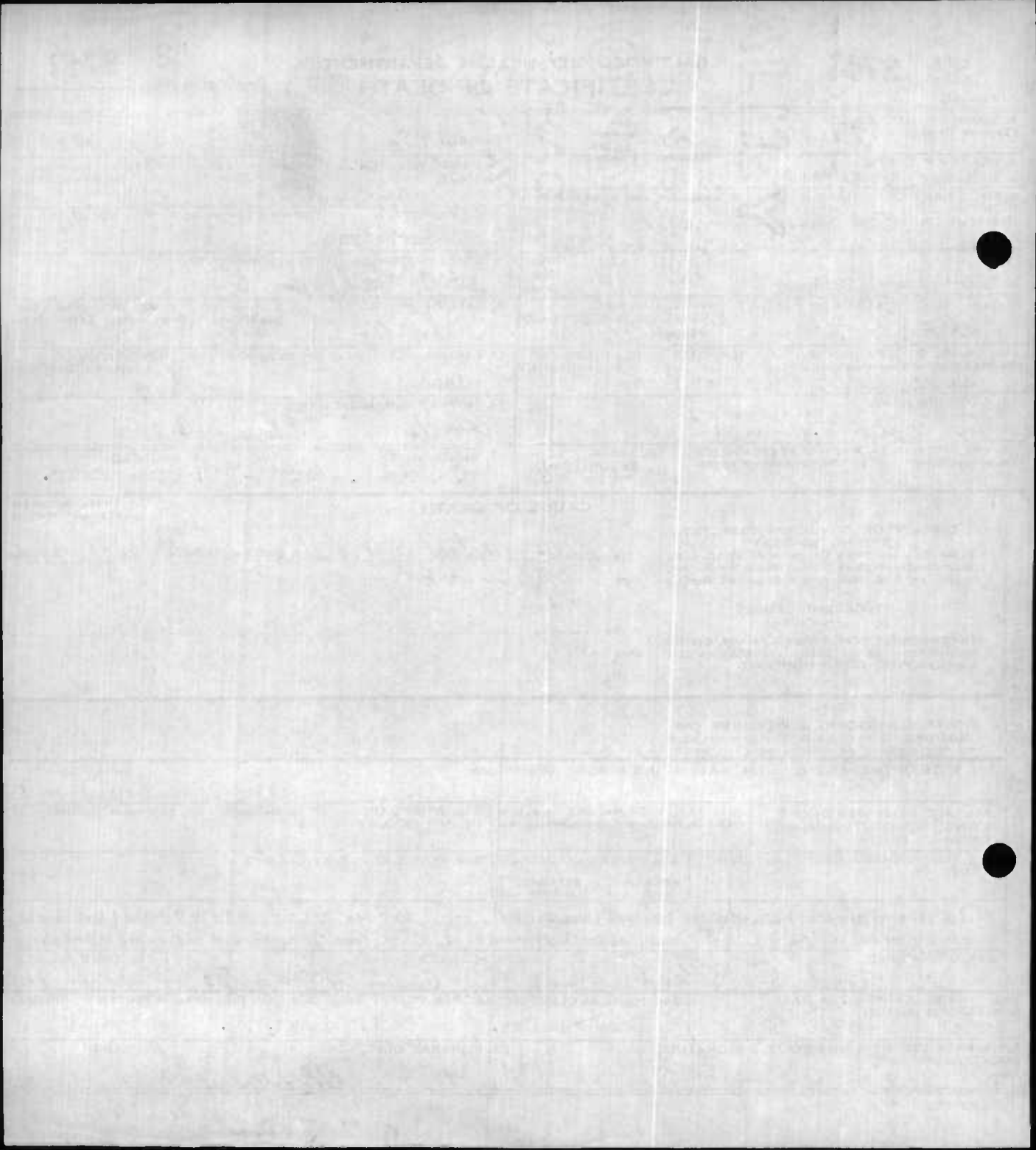
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 20, 1952 to Sept 20, 1952**, that I last saw the deceased alive on **Sept 20, 1952**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Richard C. Packert M.D.** 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **Sept 20, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **SEP 22 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **J. Pickner & Sons** ADDRESS **Balto 17, Md.**



52 8744

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8744  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lucy Agnes King

2. DATE  
OF  
DEATH

9-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 18 12-01

c. Length of stay in Baltimore

82

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3909 Juniper Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

January 14, 1871 81

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bookkeeper (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Drug &amp; Chem. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick J. King

14. MOTHER'S MAIDEN NAME

Leila Teutel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 527.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) pneumonia, bilateral  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) asthma, pulmonary emphysema  
DUE TO

(C) Arteriosclerotic heart disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-20, 1952, to 9-21, 1952 that I last saw the  
deceased alive on 9-21, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Hubbard

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

Sept 21, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/24/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. M. J. Pickner &amp; Sons

CERTIFICATE OF DEATH

1911

Texas



-653  
52 8745BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8745

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mora J. Grant

2. DATE  
OF  
DEATH

9-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1207 Poplar Grove St

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 16-07

D. STREET ADDRESS (If rural, give location)

1207 Poplar Grove St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10/27/1886

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: Days Hours: Min.

10 23

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

Michael Mee

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Harry C. Grant Jr. 1207 Poplar Grove St

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage  
Hypertensive C-V-D

8 days

20 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1949, to 9/20, 1952, that I last saw the  
deceased alive on 9/20, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lester Ashman

23B. ADDRESS

1201 Poplar Grove St.

23C. DATE SIGNED

9/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc 1217 St. Paul St.

VS 150

19520208740

correct age is especially important. Physicians: please write the causes of death clearly and accurately.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8746**

BIRTH NO. **52 8746**

1. NAME OF DECEASED  
(Type or Print)

**ANDREW**

**BAKALSELOS (BAKATSELOS)**

2. DATE OF DEATH **September 18, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Baltimore City Morgue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore 402**

D. STREET ADDRESS (If rural, give location)  
**7 S. Fremont Street**

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH

9. AGE (In years last birthday)  
**65 -**

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  
**Manager**

10B. KIND OF BUSINESS OR INDUSTRY  
**Restaurant**

11. BIRTHPLACE (State or foreign country)  
**Greece**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Alexander**

14. MOTHER'S MAIDEN NAME

**unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Dennis Karavedas 930 W. Balto.**

18. **477-1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. Smith*

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

**Sept. 18, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

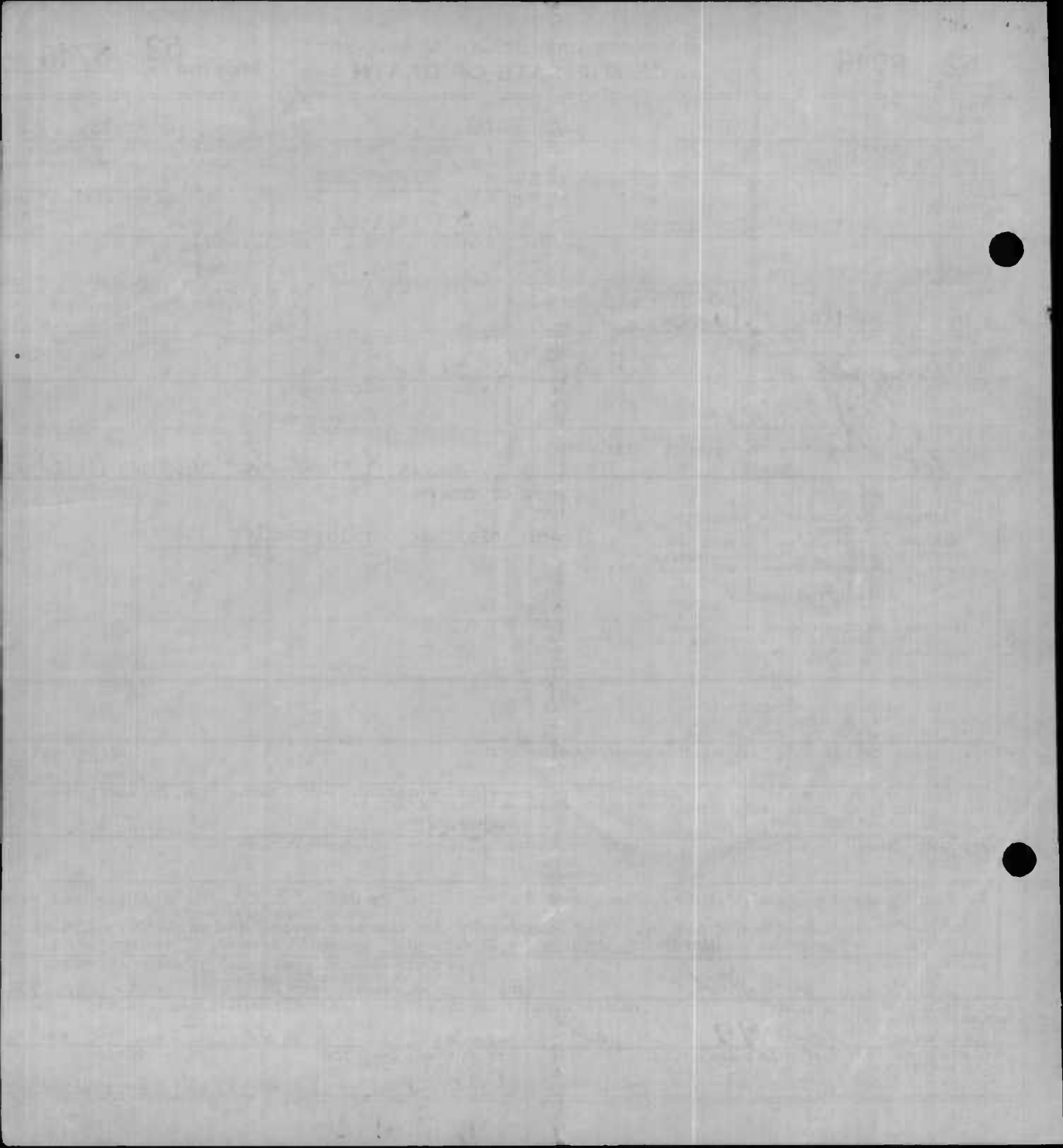
**Burial sept 22 Greek Cemetery Baltimore Md**

**SEP 22 1952 H. H. W. Lambros Funeral Home Inc.**

V S 151

**290648741**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8747  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Hagen, Mr Sohn C.</b>		2. DATE OF DEATH <b>9-19-52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home and Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>344 S. Woodberry St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 4, 1902</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Moulder</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hoppers Co.</b>	
13. FATHER'S NAME <b>Hagen, Chasimir</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Patent</b>	
17. INFORMANT <b>Patent</b>		ADDRESS	

18. <b>447X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) <b>Hypertensive cardiovascular disease</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Nephrosclerosis</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-6-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>No</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-6-52** to **9-19-52** that I last saw the deceased alive on **9-19-52** and that death occurred at **4:45 pm.** from the causes and on the date stated above.

23A. SIGNATURE <b>[Signature]</b>	23B. ADDRESS <b>Church Home and Hospital</b>	23C. DATE SIGNED <b>9-19-52</b>
-----------------------------------	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Randall Pl</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Harry F. Kuebler</b>
		ADDRESS <b>4101 Edmund</b>	

SEP 22 1952

VS 150

659231 8742

son  
ave

MEDICAL CERTIFICATION





100  
2 8748BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8748

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Melvin Rupp

2. DATE  
OF  
DEATH

9-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

S.T. Agnes Hospital

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4300. Fordham Rd

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-9-1907

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Walter Rupp

14. MOTHER'S MAIDEN NAME

Catherine Kirby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Rupp, 4300 Fordham Rd

18.

151X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

8-1-52

(A) Metastatic Carcinoma from  
DUE TO Cervical adenitis and pressure 9-20-52(B) Squamous Cell Carcinoma of  
DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

atelectasis of left lung

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-1952 to 9-20-1952, that I last saw the  
deceased alive on 9:50 PM 9-20-1952, and that death occurred at 10:53 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 22 1952

Huntington Williams, M.D.

Fanny H. Witzke, 4101 Edmondson

1918

STATE OF TEXAS  
CERTIFICATE OF DEATH

CASE NO. 1000

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH  
PLACE  
DATE

DECEASED

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 8749

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NETTIE SCHULZ

2. DATE  
OF  
DEATH

SEPT. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

MERCY HOSP.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution, residence  
A. STATE B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2205 W. LAFAYETTE AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

ANDREW DOOSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

JULY 18, 1880

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

FANNIE REYNOLDS

17. INFORMANT

ADDRESS

Henry A. Schulz, Jr. 2205  
W. Lafayette Ave.

18. r60x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

AS H D

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Diabetes Mellitus

Hypertension

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1952 to Sept 22, 1952 that I last saw the  
deceased alive on Sept 21, 1952 and that death occurred at 7 A. m., from the causes and on the date stated above.

23. SIGNATURE

Robert J. Lyden

23B. ADDRESS

M. D.

MERCY HOSP.

23C. DATE SIGNED

SEPT. 22, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

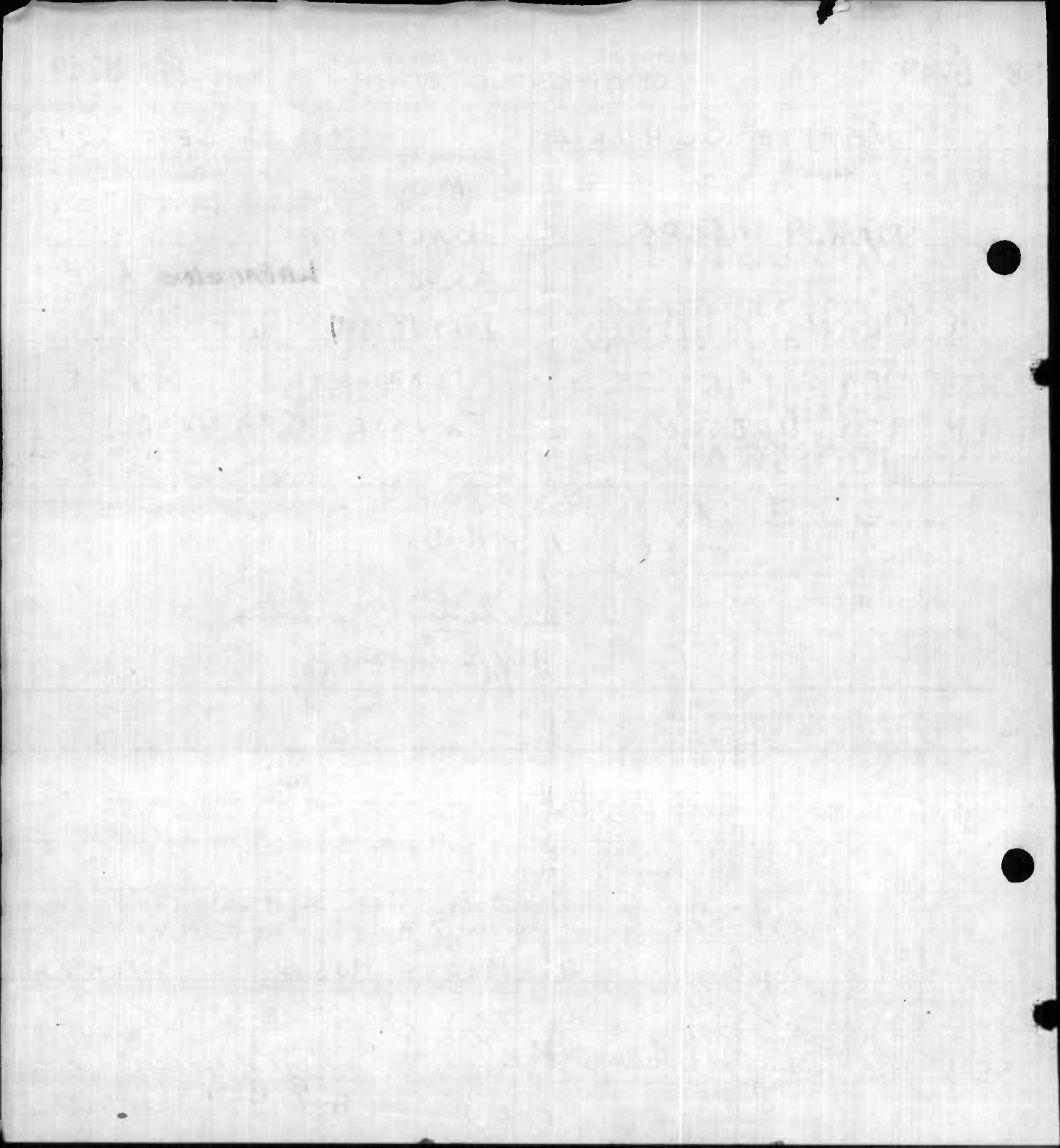
SEP 22 1952

Huntington Williams, M.D.

Harry L. Hinkle, 4101 Edmond

VS 150

19520008749 son Ave



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8750

BIRTH NO.

326 52 8750 92463

1. NAME OF DECEASED  
(Type or Print)

JO ANN STAIGER

2. DATE  
OF  
DEATH

SEPT 20, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

O.O.A. UNIVERSITY HOSP

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Joseph P. Staiger Ramsey 927 St. Ramsay

18. F812.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) CRUSHING INJURY OF HEAD

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...

23C. DATE SIGNED

9-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

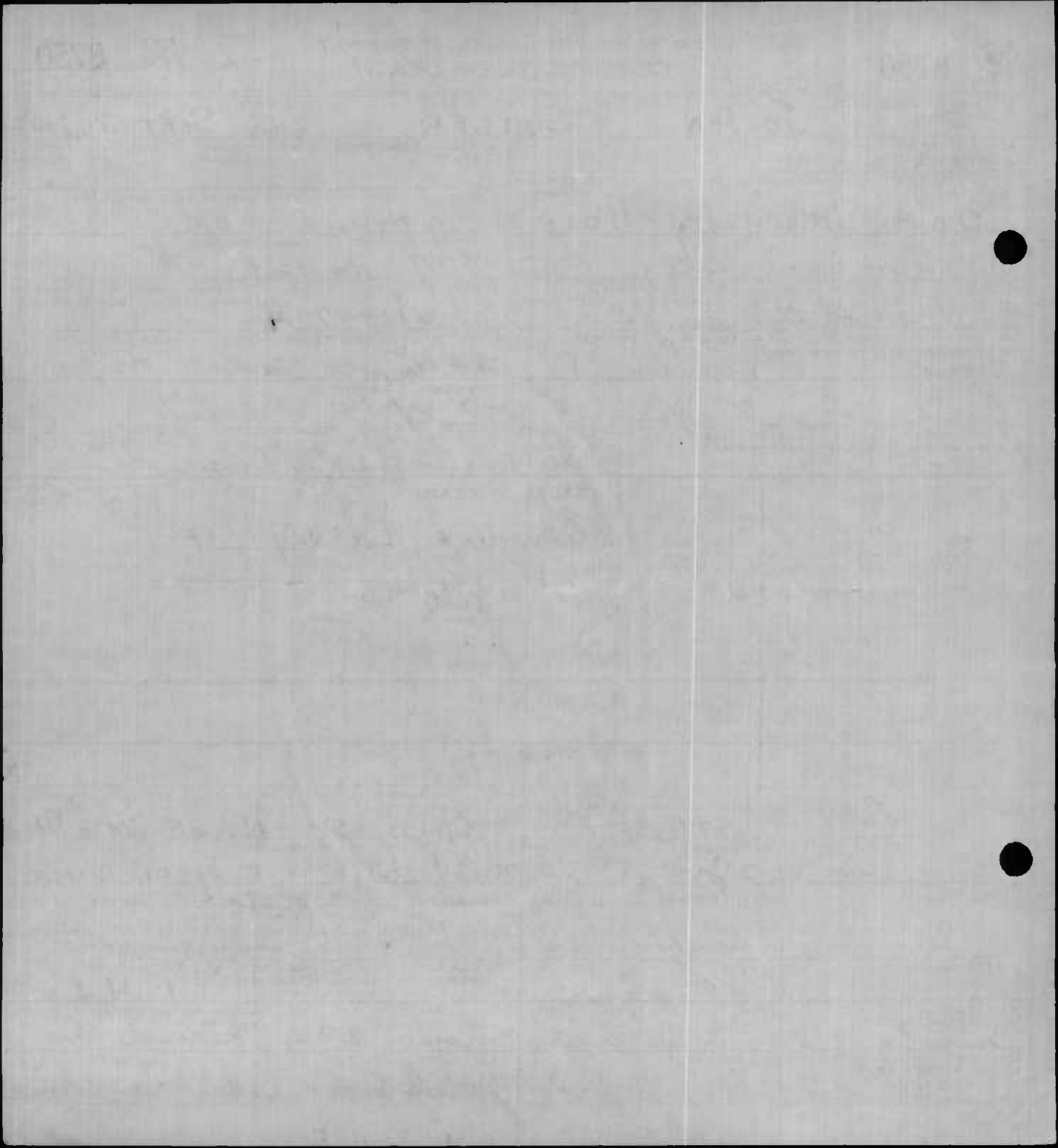
VS 151

N-83.2

SEP 22 1952

Huntington Williams, M.D.

John E. Edwards, Jr. 2201 N. Hollins





52 8751

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Payne, Crawford, Druey

2. DATE  
OF  
DEATH

9/21/52

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)U.S. PHS Hospital  
Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

21 - Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Coast Guard

10B. KIND OF BUSINESS OR  
INDUSTRY

Chief Petty Officer

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Folger, Payne

14. MOTHER'S MAIDEN NAME

Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes WORLD WAR II

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

193X

CAUSE OF DEATH

(A)

Brain tumor

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/20/52

19B. MAJOR FINDINGS OF OPERATION

Brain tumor deep in right parietal lobe

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1952 to 9/21/52, 1952, that I last saw the  
deceased alive on 9/21, 1952 and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

B. Crawford

23B. ADDRESS

M. D.

U.S. PHS Hosp. Balt Md.

23C. DATE SIGNED

9/21/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-25-52

24C. NAME OF CEMETERY OR CREMATORY

Wanchese

24D. LOCATION (City, town, or county)

Wanchese N.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard Williams, Jr. &amp; Son, Baltimore

ADDRESS

VS 150

MEDICAL CERTIFICATION  
correct age is especially important. If deceased is under 1 year of age, give date of birth.

1918 82

STATE OF NEW YORK  
OFFICE OF THE COMMISSIONER OF HEALTH

1918 82

Chief John Jones

John Jones

John Jones

John Jones

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8752**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Michael F. Boyle*

2. DATE  
OF  
DEATH

*9 22/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*Mercy Hosp*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

*Ind*

B. COUNTY

*Balto.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Arbutus*

*53-51*

D. STREET ADDRESS (If rural, give location)

*5106 Benson Ave*

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*Aug 9 - 1904*

9. AGE (In years  
last birthday)

*48*

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Electrician*

10B. KIND OF BUSINESS OR  
INDUSTRY

*R.R. Bro*

11. BIRTHPLACE (State or foreign country)

*Balto Ind*

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Frank Q. Boyle*

14. MOTHER'S MAIDEN NAME

*Mary Shanahan*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL  
SECURITY NO.

*705-09-8082*

17. INFORMANT

*Cordelia M. Boyle*

ADDRESS

*Same*

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

DUE TO

*Acute myocardial infarction*

INTERVAL BETWEEN  
ONSET AND DEATH

*1 hr.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/22/52*, 19 *52*, to *9/22/52*, 19 *52*, that I last saw the  
deceased alive on *9/22/52*, 19 *52*, and that death occurred at *12:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Gregory W. Turrell*

M. D.

23B. ADDRESS

*Mercy Hosp*

23C. DATE SIGNED

*9/22/52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*Sept 25, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*New Catholic*

24D. LOCATION (City, town, or county)

*Balto Ind*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

*SEP 22 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*John O. B. M. Walters*

ADDRESS

*5750 Park & Reister St.*

922 50

ATTACHED TO THE

500 5

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is mostly unrecognizable due to fading and bleed-through.]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8753**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Margaret Landers**

2. DATE

OF DEATH **9-21-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**1704 E. 25th. St.**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1704 E. 25th. St.**

c. Length of stay in Baltimore

**Lifetime**

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**Nov. 2, 1862**

9. AGE (In years last birthday)

**89**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired School**

10B. KIND OF BUSINESS OR INDUSTRY

**Teacher**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**John Landers**

14. MOTHER'S MAIDEN NAME

**Ann Riley**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Grace Boyle**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Coronary Thrombosis.**

**1 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**Arteriosclerotic Base. Ren disease**

**20 yrs**

II

(C)

**Malnutrition**

**6 mth**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 1, 1948** to **Sept 21, 1951** that I last saw the deceased alive on **Sept 18, 1951** and that death occurred at **5 A M.** from the causes and on the date stated above.

23A. SIGNATURE

**Joseph Friedman**

M. D.

23B. ADDRESS

**404 E. North Ave**

23C. DATE SIGNED

**9-22-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9-24-52**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral Cemetery**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

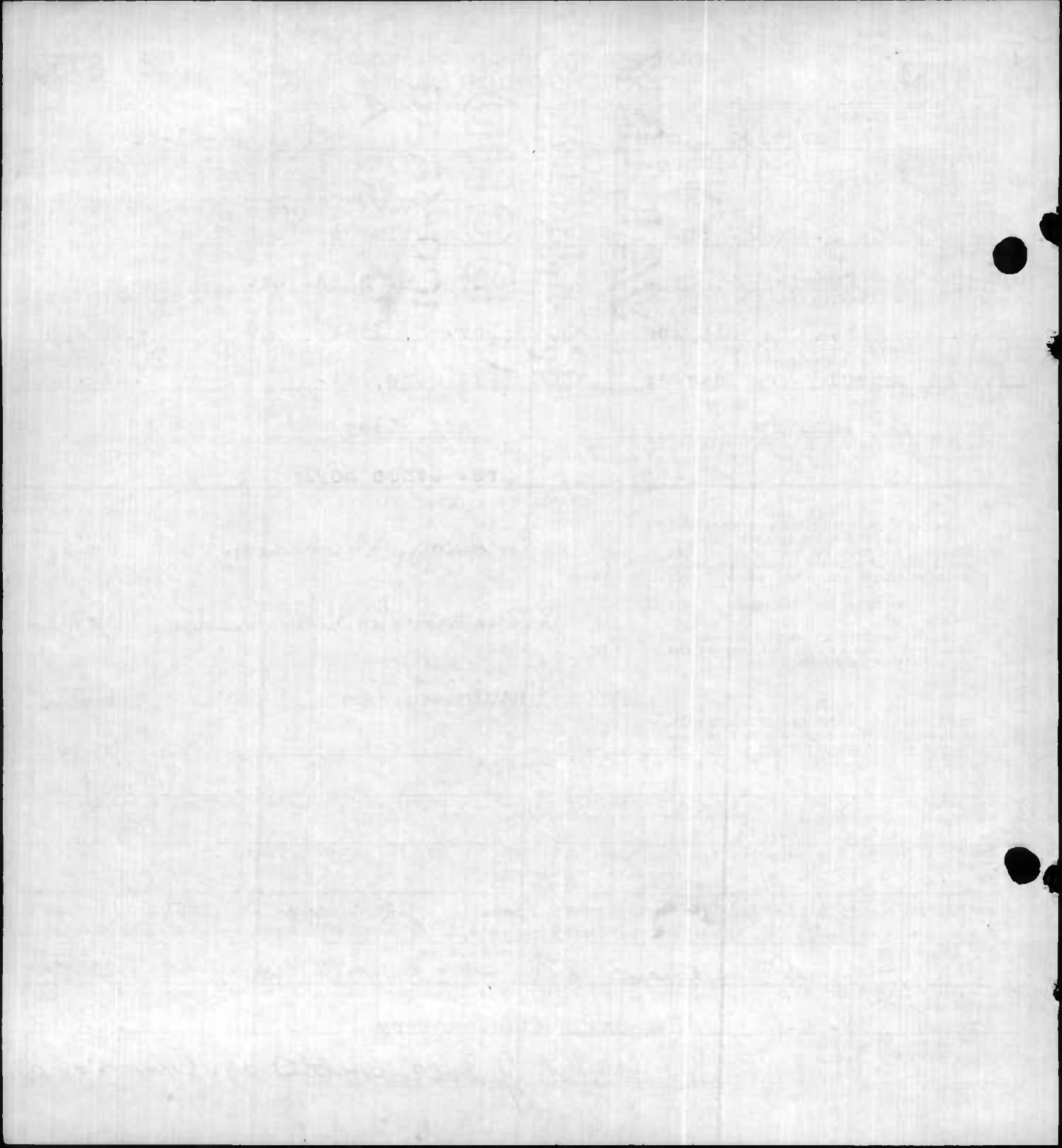
ADDRESS

LOCAL REGISTRAR

**Huntington Williams, M.D.**

**J. Walter Conklin**

**2343 HARFORD RD.**





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8754  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*James Bland*

2. DATE OF DEATH

*Sept. 22, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*

18. *754.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Cerebral anoxia*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Cystic Congenital Heart Disease (?T. of F.)*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/22, 1952* to *9/22, 1952*, that I last saw the deceased alive on *9/22, 1952*, and that death occurred at *7:25 AM*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Rich M. Phillips*

*JOHNS HOPKINS HOSPITAL*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Removal*

*9/22/52*

*Hoxie*

*Arkansas*

*Huntington Williams, M.D.*

*Wm Crook 9mo. Baltimore*

SEP 22 1952

19520008749

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1518 30

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY

1917

*[Faint, mostly illegible handwritten text, possibly a letter or report, covering the majority of the page.]*

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 8755**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Helen Kwiatkowski</b>		2. DATE OF DEATH <b>9-22-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>613 S. Glover Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md. 1-03</b>	
c. Length of stay in Baltimore <b>45 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>613 S. Glover Street</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-25-95</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Adam Conrad</b>		14. MOTHER'S MAIDEN NAME <b>Marie Hepner</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Florence Trotta</b>		ADDRESS <b>418 S. East Avenue</b>	

18. <b>260x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>Ante Cardiac Failure</b> DUE TO <b>Hypertensive Cardiac Vascular Disease</b>  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.  <b>Arteriosclerosis</b> DUE TO <b>Diabetes Mellitus</b>  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>June 1951</b> , to <b>Sept. 1952</b> , that I last saw the deceased alive on <b>Sept. 19</b> , 1952, and that death occurred at <b>6:20 A. M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Michael J. Janowski</b>	23B. ADDRESS <b>2711 Eastern Ave.</b>	23C. DATE SIGNED <b>Sept 22, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-25-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus Cem.</b>
24D. LOCATION (City, town, county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Malby &amp; Zeiler, Inc.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 22 1952</b>		ADDRESS <b>403 S. Wolfe Street</b>

2711 Easton Ave

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8756

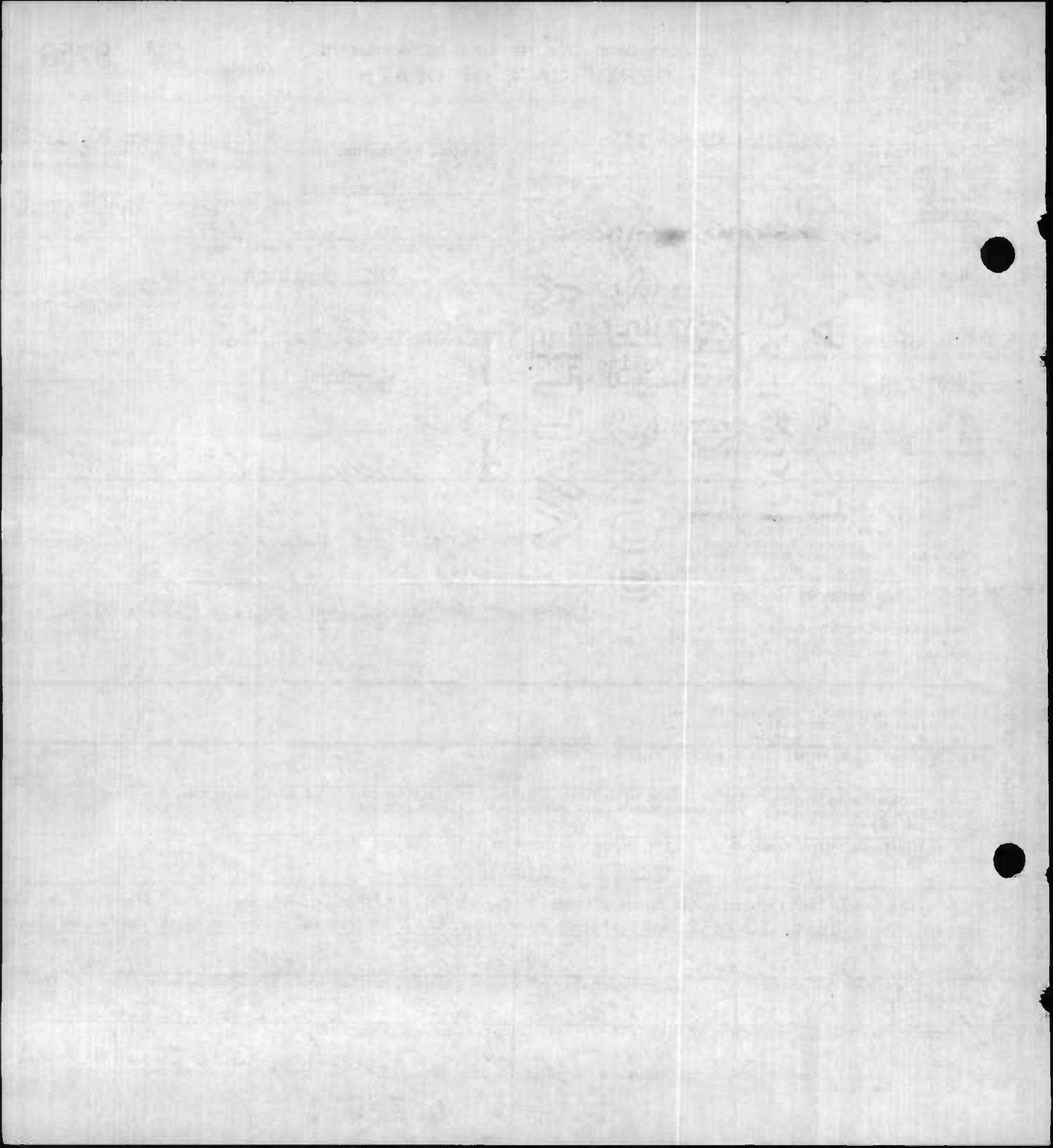
BIRTH NO. 52 8756

1. NAME OF DECEASED (Type or Print) <u>William Zborowski</u>				2. DATE OF DEATH <u>September 20, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Josephs Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <u>2813 Hamilton Avenue</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 8-1895</u>	9. AGE (In years last birthday) <u>57</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Police Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>M. ryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>Baltimore City</u>			13. FATHER'S NAME <u>Frank Zborowski</u>		
14. MOTHER'S MAIDEN NAME <u>Rose</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>Mrs. Margaret Zborowski - same</u>		
18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Occlusion</u> DUE TO (A) _____ DUE TO (B) <u>Cardio-Vascular Hypertensive Disease 5 years</u> DUE TO (C) _____					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 12, 1950</u> to <u>Sept. 20, 1952</u> , that I last saw the deceased alive on <u>Sept. 20, 1952</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Michael J. Duesch</u>		23B. ADDRESS <u>4636 Belair Rd</u>		23C. DATE SIGNED <u>9-21-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/23/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) <u>Balto Md</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 22 1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
24G. FUNERAL DIRECTOR <u>L. J. Kuck</u>		24H. ADDRESS <u>5305 Stanford</u>		24I. VS 150	

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

773 093 08751





5 Dr. Harbold

8757

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8757

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA A. PENN

2. DATE  
OF  
DEATH

Sept. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4649 Harcourt Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4649 Harcourt Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 16, 1888

9. AGE (In years,

last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Easton, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas H. Coburn

14. MOTHER'S MAIDEN NAME

Mary E. Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

220-22-9612

17. INFORMANT

ADDRESS

Mrs. Ralph V. Myers, 4649 Harcourt

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic Myocardial Degeneration 10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic C. V. disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Anasarca; terminal uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1943, to Sept 20, 1952, that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/24/52

Parkwood Cemetery

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP-22-1952

Huntington Williams, M.D.

Leonard J. Ruck

5305 Harford Road.

VS 150

19520008752

MEDICAL CERTIFICATION

correct age is especially important. Physicians. Please

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Burial Officer	
13. Signature of Undertaker		14. Signature of Witness		15. Signature of Registrar	
16. Signature of Medical Officer		17. Signature of Coroner		18. Signature of Burial Officer	
19. Signature of Undertaker		20. Signature of Witness		21. Signature of Registrar	
22. Signature of Medical Officer		23. Signature of Coroner		24. Signature of Burial Officer	
25. Signature of Undertaker		26. Signature of Witness		27. Signature of Registrar	
28. Signature of Medical Officer		29. Signature of Coroner		30. Signature of Burial Officer	
31. Signature of Undertaker		32. Signature of Witness		33. Signature of Registrar	
34. Signature of Medical Officer		35. Signature of Coroner		36. Signature of Burial Officer	
37. Signature of Undertaker		38. Signature of Witness		39. Signature of Registrar	
40. Signature of Medical Officer		41. Signature of Coroner		42. Signature of Burial Officer	
43. Signature of Undertaker		44. Signature of Witness		45. Signature of Registrar	
46. Signature of Medical Officer		47. Signature of Coroner		48. Signature of Burial Officer	
49. Signature of Undertaker		50. Signature of Witness		51. Signature of Registrar	
52. Signature of Medical Officer		53. Signature of Coroner		54. Signature of Burial Officer	
55. Signature of Undertaker		56. Signature of Witness		57. Signature of Registrar	
58. Signature of Medical Officer		59. Signature of Coroner		60. Signature of Burial Officer	
61. Signature of Undertaker		62. Signature of Witness		63. Signature of Registrar	
64. Signature of Medical Officer		65. Signature of Coroner		66. Signature of Burial Officer	
67. Signature of Undertaker		68. Signature of Witness		69. Signature of Registrar	
70. Signature of Medical Officer		71. Signature of Coroner		72. Signature of Burial Officer	
73. Signature of Undertaker		74. Signature of Witness		75. Signature of Registrar	
76. Signature of Medical Officer		77. Signature of Coroner		78. Signature of Burial Officer	
79. Signature of Undertaker		80. Signature of Witness		81. Signature of Registrar	
82. Signature of Medical Officer		83. Signature of Coroner		84. Signature of Burial Officer	
85. Signature of Undertaker		86. Signature of Witness		87. Signature of Registrar	
88. Signature of Medical Officer		89. Signature of Coroner		90. Signature of Burial Officer	
91. Signature of Undertaker		92. Signature of Witness		93. Signature of Registrar	
94. Signature of Medical Officer		95. Signature of Coroner		96. Signature of Burial Officer	
97. Signature of Undertaker		98. Signature of Witness		99. Signature of Registrar	
100. Signature of Medical Officer		101. Signature of Coroner		102. Signature of Burial Officer	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8758

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Frederick PETER HAHN

2. DATE OF DEATH

9/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE OVERSEA 5300

D. STREET ADDRESS (If rural, give location)

222 ELINOR AVE. #6

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7/1/85

9. AGE (in years last birthday)

67 yrs

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

METER FOREMAN

11. BIRTHPLACE (State or foreign country)

DALTO Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward HAHN

14. MOTHER'S MAIDEN NAME

KATHERINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS 222 MR. MILTON SCHMIDT - ELINOR

18.

180X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema due to CARDIAC FAILURE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

CARCINOMA of left Kidney And ureter with widespread metastases

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

TRANSURETHRAL RESECTION OF PROSTATE.

19A. DATE OF OPERATION

8-22-52

19B. MAJOR FINDINGS OF OPERATION

TRANSITIONAL cell CARCINOMA of bladder

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Sept. 20, 1952, that I last saw the deceased alive on Sept. 20, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Antonio Jorgensen M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

9/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/22/52

London Park

Balti Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

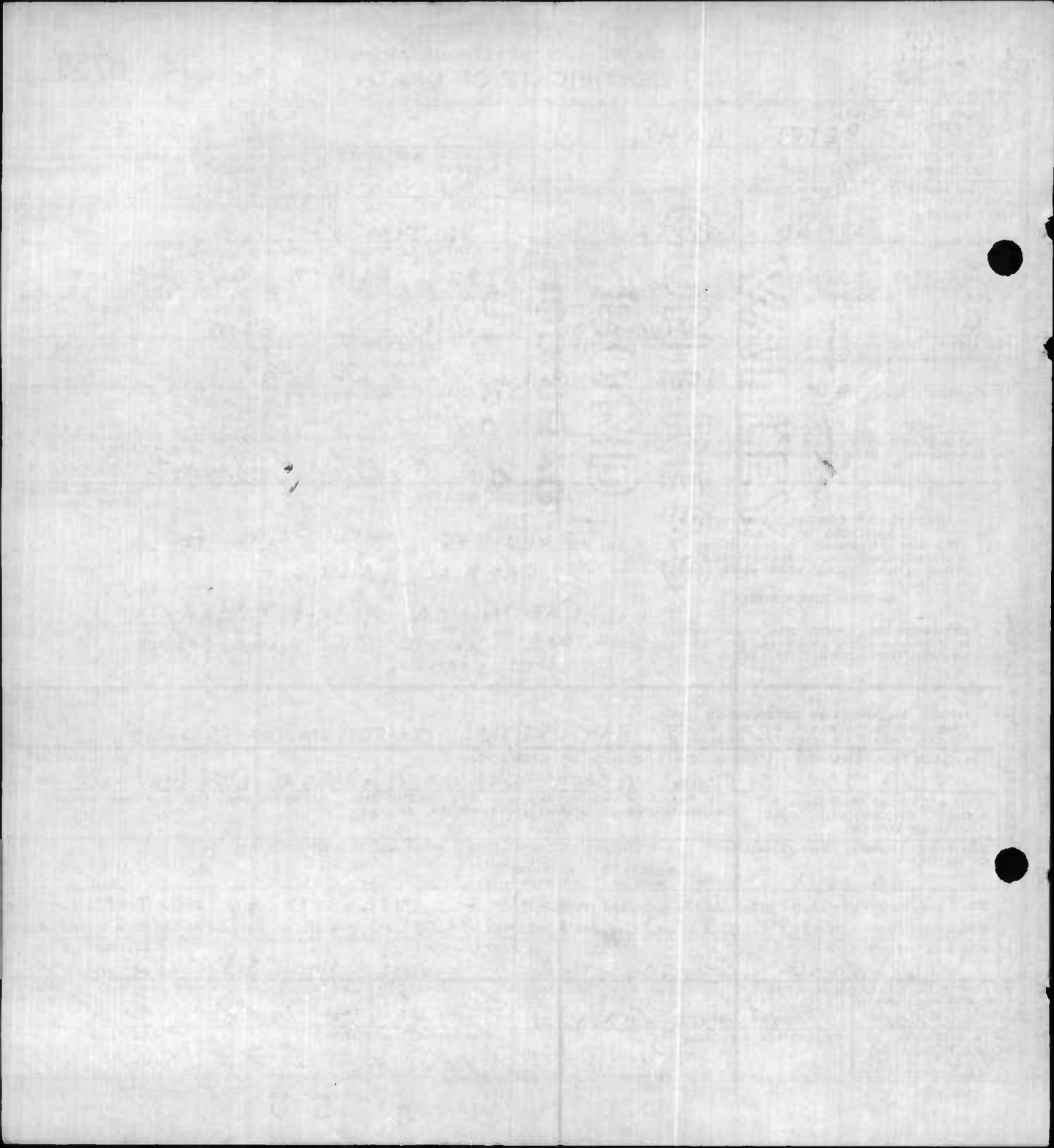
SEP 22 1952

Huntington Williams, M.D.

Ruck

5305

Norfolk



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 8759

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)BOY  
BABY ROWE A2. DATE  
OF  
DEATH

Sept 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

SINAI

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-07

D. STREET ADDRESS (If rural, give location)

334 South Lehigh

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 19, 1952

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

DANNIE ROWE

14. MOTHER'S MAIDEN NAME

BEULAH GATTEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) SIAMESE TWINS -  
DUE TO Thoraco - abdomino - pegas

2 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C) THORACOPAGUS

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Sept 19, 1952 to Sept 19, 1952 that I last saw the  
deceased alive on Sept 19, 1952 and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Colonia F. Bowerman M. D.

23B. ADDRESS

Sinai Hospital, Balt.

23C. DATE SIGNED

Sept 20, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

Joy Chapel Cem.

24D. LOCATION (City, town, or county)

St. Mary's County Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 22 1952

REGISTRAR'S SIGNATURE

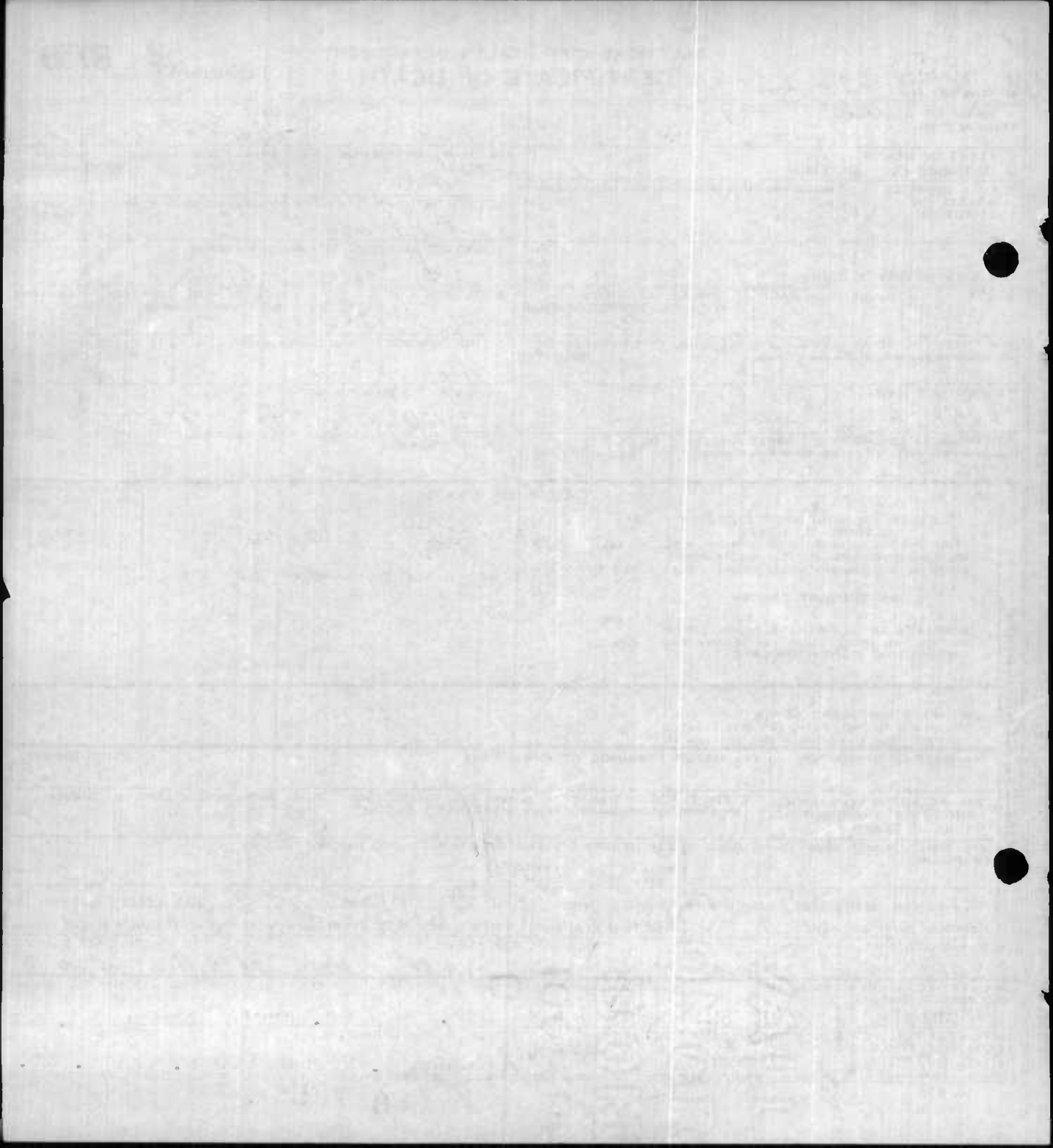
Huntington Williams, Jr.

FUNERAL DIRECTOR

John A. Moran 3000 E. Balto. St.

VS 150

19520008754





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8760**

**000**  
**52 8760**  
BIRTH NO. **52-22096**

1. NAME OF DECEASED (Type or Print) <b>Baby Boy ROWE B</b>			2. DATE OF DEATH <b>Sept 19, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>before admission</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>334 South Lehigh St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 19, 1952</b>		9. AGE (in years last birthday) <b>1</b> <b>10</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>DANNIE ROWE</b>			14. MOTHER'S MAIDEN NAME <b>Beulah GATTEN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <b>750x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>ANTECEDENT CAUSES</b>  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>DIAMESE TWINS -</b> DUE TO <b>Thoraco-abdomino - pegas</b>  (B) _____ DUE TO <b>(THORACOPAGUS)</b> (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <b>1 hr 12 min.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 19, 1952** to **Sept 19, 1952** that I last saw the deceased alive on **Sept 19, 1952** and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Calvin E. Brannenman, M. D.** 23B. ADDRESS **SINAI Hosp. Balt Md.** 23C. DATE SIGNED **Sept 20, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Joy Chapel Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>St. Mary's Co County MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 22 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>John A. Moran 3000 E. Balto. St</b>

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8761

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Ward McCormack

2. DATE  
OF  
DEATH

September 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

508 Brunswick

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

April 6, 1921

9. AGE (In years  
last birthday)

31

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Hospital Orderly

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James J. McCormack

14. MOTHER'S MAIDEN NAME

Sabina Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. II

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John E. McCormack, 2647 Dulany Street

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Skull fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Railroad tracks

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?Russell Street Viaduct  
Western Maryland Railroad Tracks 21-0221D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 17, 1952 9:15 P.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by train

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

Sept. 18, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.P.W.M. Co. Inc.,

1217 St. Paul Street

V S 151

N-803.2

23A 8T

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1073

1073

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

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THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

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THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

52 8762

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8762  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Herbert King

2. DATE  
OF  
DEATH

Sept. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 510 Woodside Road

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 28-04

D. STREET ADDRESS (If rural, give location)

510 Woodside Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 6, 1884

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Lawyer &amp; Owner

10B. KIND OF BUSINESS OR  
INDUSTRY

Printing Business

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edwin W. Moore

14. MOTHER'S MAIDEN NAME

Olivia Bishop

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Matilda M. King 510 Woodside Road

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to Sept 20, 1952 that I last saw the  
deceased alive on 9/19, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 23, 1952

Lorraine Cemetery

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 23 1952

Huntington Williams, M.D.

Wm. J. Tiekner &amp; Son Inc

VS 150

50558U 8757

MEDICAL CERTIFICATION

correct age is especially important. In some cases, please write the cause of death on this space.





52 8763

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8763

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary M. Moleski

2. DATE  
OF  
DEATH Sept. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 922 Kevin Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

922 Kevin Rd.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 2 1880

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED  
(Yes, no or unknown)

No

EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

None

Mrs. Agnes Appelt

17. INFORMANT

ADDRESS

As Above

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary Occlusion  
(B) Cardio-Vascular - Renal Disease - Many years

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

Many years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1951 to Sept 22, 1952 that I last saw the  
deceased alive on Sept 20, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

9/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

9/23/52

24C. NAME OF CEMETERY OR CREMATORY

St. Marys Cemetery

24D. LOCATION (City, town, or county)

Wilkes Barre Penna.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William J. Dickner &amp; Sons

STATE OF TEXAS  
COUNTY OF DALLAS

Know all men by these presents, that

JOHN A. SMITH, of the County of Dallas, State of Texas,

do hereby certify that

JOHN A. SMITH, of the County of Dallas, State of Texas,

has been duly elected and qualified as a Justice of the Peace for the County of Dallas, State of Texas, and has taken the oath of office and qualification.

Witness my hand and seal of office this 1st day of January, 1901.

JOHN A. SMITH, Justice of the Peace for the County of Dallas, State of Texas.

My commission expires on the 1st day of January, 1902.

JOHN A. SMITH, Justice of the Peace for the County of Dallas, State of Texas.

My commission expires on the 1st day of January, 1902.

JOHN A. SMITH, Justice of the Peace for the County of Dallas, State of Texas.

My commission expires on the 1st day of January, 1902.

52 8764

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8764

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Georgie Johnson Ritchie Banks*2. DATE  
OF  
DEATH*Sept 21/52.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *531 Beaumont Ave*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
*at Home*4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)A. STATE *Maryland* B. COUNTY *Baltimore*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore City* *27-10*D. STREET ADDRESS (If rural, give location)  
*531 Beaumont Ave.*

c. Length of stay in Baltimore

*56*Yrs.  
Mos.  
Days

5. SEX

*Female*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Widow*

8. DATE OF BIRTH

*May-23-1876*9. AGE (in years  
last birthday)*76*10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*None*10B. KIND OF BUSINESS OR  
INDUSTRY*None*

11. BIRTHPLACE (State or foreign country)

*Fredrick, Maryland*12. CITIZEN OF  
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

*John Ritchie*

14. MOTHER'S MAIDEN NAME

*Betty Maulsby*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)*no**None*16. SOCIAL  
SECURITY NO.*None*

17. INFORMANT

*Mr. Banks (son) 531 Beaumont Ave*

ADDRESS

18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH*5*DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) *Hypertensive Arteriosclerotic  
Cardio-vascular Disease with  
Decompensation.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Cerebral Sclerosis  
Hepatic Cirrhosis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May* 19*47*, to *Sept.* 19*52*, that I last saw the  
deceased alive on *Sept. 21*, 19*52*, and that death occurred at *90* m., from the causes and on the date stated above.

23A. SIGNATURE

*Wm. H. Kammer, Jr.*

23B. ADDRESS

*501 Sheridan Ave.*

23C. DATE SIGNED

*Sept. 22, 1952*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*Sept. 23-1952*

24C. NAME OF CEMETERY OR CREMATORY

*Cathedral Cemetery*

24D. LOCATION (City, town, or county)

*Baltimore, Maryland*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D. Stewart & Mowen Co., 108 W. North Ave*

25. FUNERAL DIRECTOR

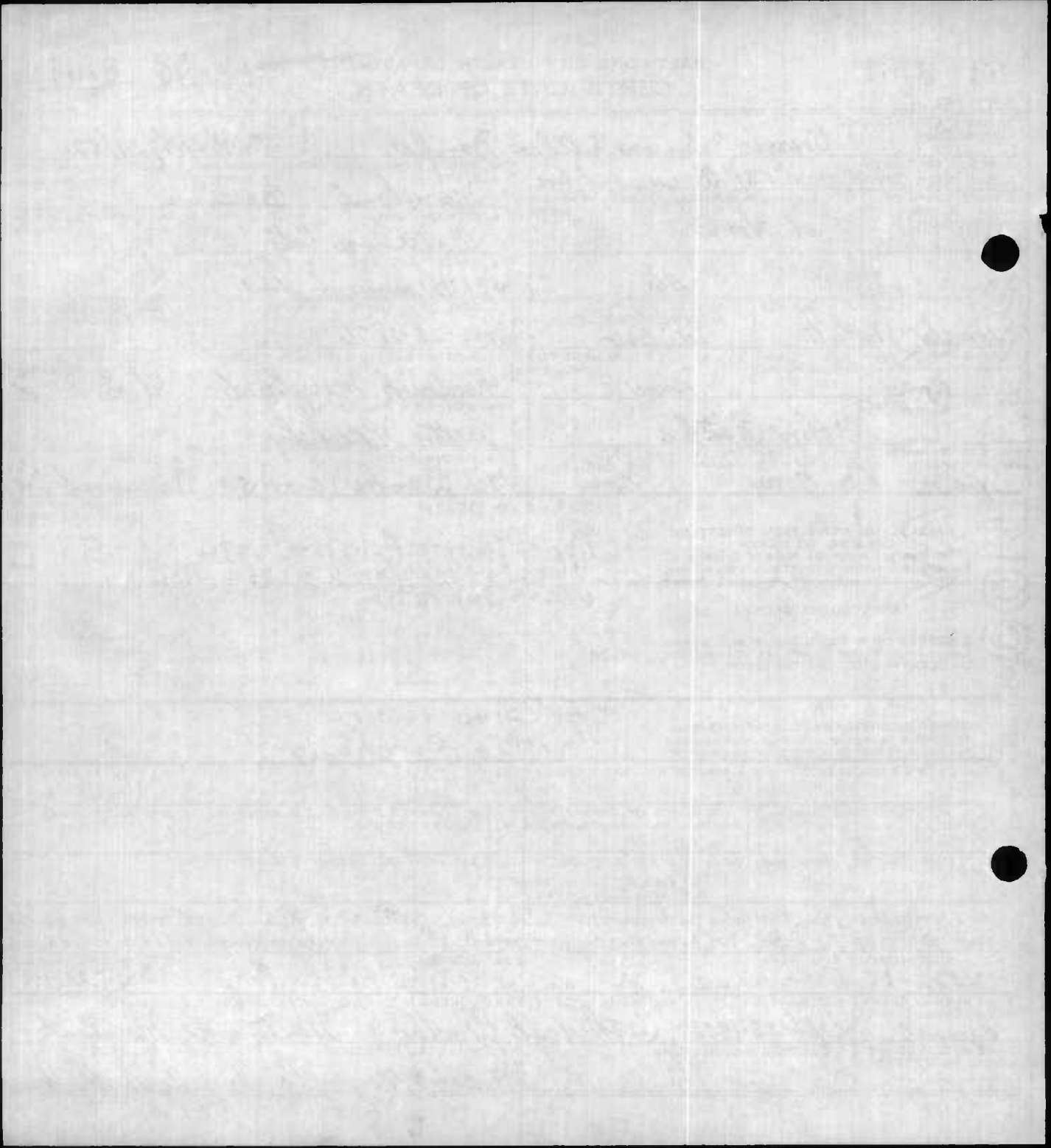
ADDRESS

SEP 23 1952

VS 150

9520008759 City #1.

MEDICAL CERTIFICATION



654

52 8785

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8785

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL MERMELSTEIN

2. DATE  
OF  
DEATH

9-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3901 Barrington Road

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

3901 Barrington Rd

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTH PLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Sophie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Mermelstein - Sure

18. 204.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Ch Lymphatic Leukemia

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10 1947 to 9/22, 1952, that I last saw the deceased alive on 9/22, 1952 and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

A. L. Hornstein

M. O.

23B. ADDRESS

204E. Brulest

23C. DATE SIGNED

9/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9-23-52

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2100 Eutaw Rd

DATE RECEIVED BY  
LOCAL REGISTRAR

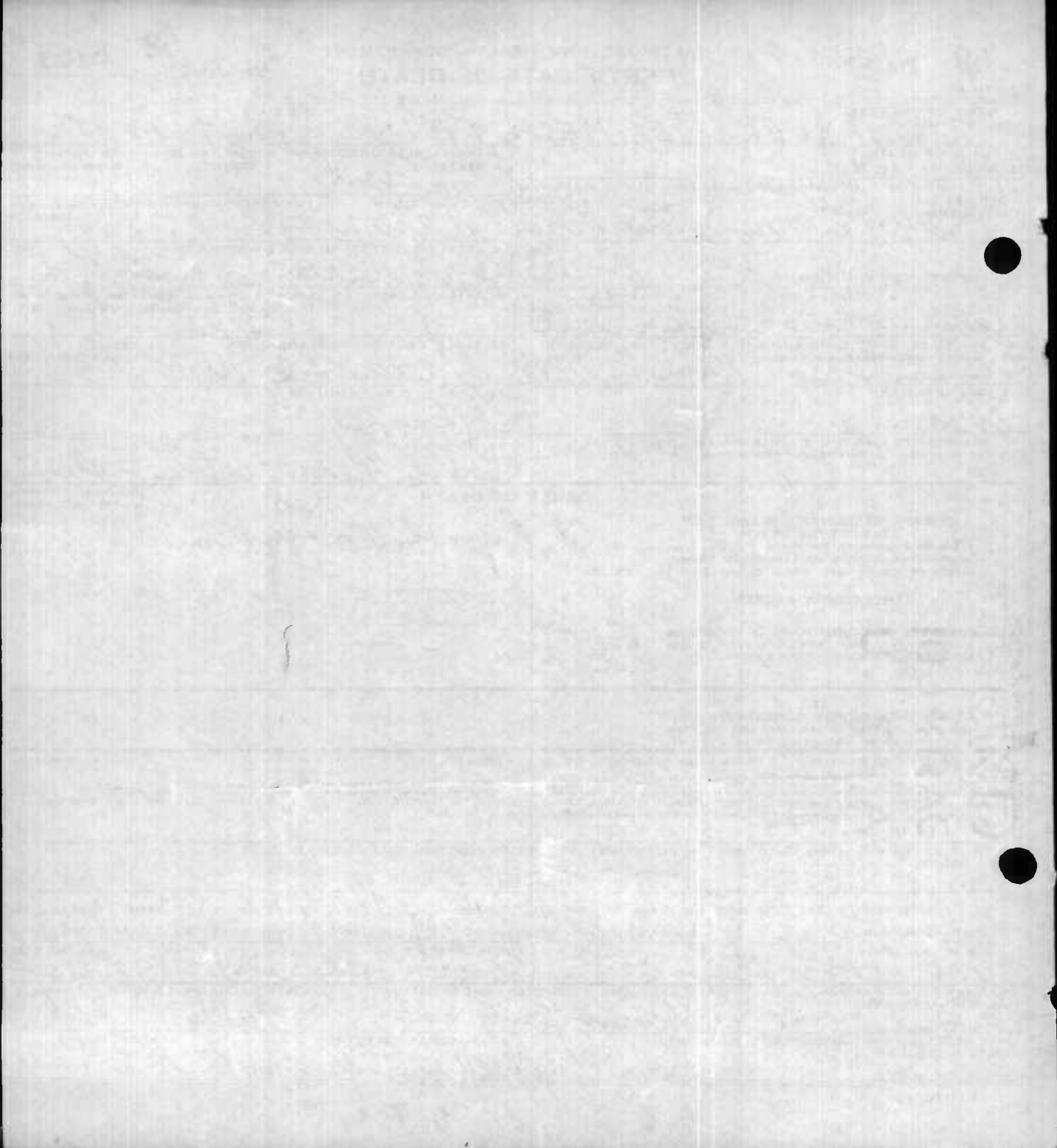
SEP 23 1952

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Please write the correct age.

1 95 2/2074 8760





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*MORRIS SEIDEL*

2. DATE  
OF  
DEATH

*SEPT. 23, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*4312 GROVELAND AVE*

5. SEX

*MALE*

6. COLOR OR RACE  
*WHITE*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*MARRIED*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MARYLAND*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*BALTO.*

*28-41*

D. STREET ADDRESS (If rural, give location)

*4312 GROVELAND AVE*

Length of stay in Baltimore

*45*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*CLAIM ADJUSTER*

10B. KIND OF BUSINESS OR INDUSTRY

*B. + O. T. R.*

8. DATE OF BIRTH

*7-11-1901*

9. AGE (In years last birthday)

*51*

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

*RUSSIA*

12. CITIZEN OF WHAT COUNTRY?

*U.S. C.*

13. FATHER'S NAME

*ROBIN SEIDEL*

14. MOTHER'S MAIDEN NAME

*FRUMA*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*GOLDIE B. SEIDEL -*

ADDRESS

*SAME*

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Acute Coronary Infarction*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Coronary Sclerosis*

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Aug 15*, 19*52*, to *9/22*, 19*52*, that I last saw the deceased alive on *9/22*, 19*52*, and that death occurred at *11:15 A.M.*, from the causes and on the date stated above.

23. SIGNATURE

*A. B. Hornstein*

M. D.

23B. ADDRESS

*204 E. Biddle St*

23C. DATE SIGNED

*9/22/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*BURIAL*

24B. DATE

*9-23-1952*

24C. NAME OF CEMETERY OR CREMATORY

*HERRING TUN*

24D. LOCATION (City, town, or county)

*BALTO.*

(State)

*MD*

DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 23 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D. Jack Lewis Inc - 2100 Eutan Pl*

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

340

52 8766

52 8766

130050

8761

Korustene

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8767

Registered No.

52 8767

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ELIJAH JENNINGS		2. DATE OF DEATH September 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1601 E. Preston Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 16 1923	9. AGE (In years last birthday) 29	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rockford N. Carolina	
13. FATHER'S NAME pat jennings		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Faybell Jennings Featherstone	

18. E 819.4

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Road

North Point Road &amp; Moffet Avenue

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Sept. 21, 1952

P.m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

Passenger in auto which hit electric pole

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

Sept. 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 23 1952

Huntington Williams

Mac B. H. A. Elliott &amp; Daughters

March 12 1907  
Letter to [illegible]  
[illegible]  
[illegible]

1 =  
+ -

## BALTIMORE CITY HEALTH DEPARTMENT

52 8768

BIRTH NO.

## CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

James Lee Hardy

2. DATE  
OF  
DEATH

Sept. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1719 W. Lanvale St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1719 W. Lanvale Street 16-03

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) *Acute Infanile Paralysis*  
DUE TO

4 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Crematory*  
DUE TO

2 hrs

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 8-24, 1952, to 9-22, 1952, that I last saw the  
deceased alive on 9-22, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

SEP 23 1952

Huntington Williams, M.D.

Joseph L. Russ 1200 McCall St.

1952 0008763

846 52

1948

WASH DC FIELD

10-1-48

WASH DC FIELD

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10-1-48

10-1-48



52 8769

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8769

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BUTTA, Donald V.

2. DATE  
OF  
DEATH

9/22/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Siani Hospital

c. Length of stay in Baltimore

LIFETIME

5. SEX

M

6. COLOR OR RACE

wh

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland, Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore County

D. STREET ADDRESS (If rural, give location)

8000 EASTERN AVE

8. DATE OF BIRTH

JULY 9, 1952

9. AGE (in years  
last birthday)10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.

2 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

JOHN V. BUTTA

14. MOTHER'S MAIDEN NAME

ELIZABETH C. MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

FAMILY

ADDRESS

8000 EASTERN AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Paralysis

50 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Dehydration, Anemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952 to 9/22, 1952 that I last saw the deceased alive on 9/22, 1952 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Jack J. Fine

23b. ADDRESS

Siani Hospital

23c. DATE SIGNED

9/22/52

24a. BURIAL, CREMA-  
TION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 23 1952

Huntington Williams, M.D.

J. Walter Conklin 2343 Kayford Rd.

VS 150

19520208764

MEDICAL CERTIFICATION

Correct age in Registry

6078

CERTIFICATE OF DEATH

1944

1937-1940

1941-1943

1944-1946

1947-1949

1950-1952

1953-1955

1956-1958

1959-1961

1962-1964

1965-1967

1968-1970

1971-1973

1974-1976

1977-1979

1980-1982

1983-1985

1986-1988

1989-1991

1992-1994

52 8770

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8770  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Stella Cammarata

2. DATE  
OF  
DEATH

9/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Baltimore

15-12

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

COTTAGE

D. STREET ADDRESS (If rural, give location)

3826 Cottage Ave. #15

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 27, 1880

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Centineo

14. MOTHER'S MAIDEN NAME

Rose Catanese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Hosp. Records.

ADDRESS

18.

584X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cholangitis - Cholangiolithiasis

3 weeks?

DUE TO

Biliary cirrhosis - hydro-hepatitis

ANTECEDENT CAUSES

(B)

Biliary obstruction

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Endocarditis; splenic infarction

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 24, 1952, to Sept. 22, 1952, that I last saw the deceased alive on Sept 22, 1952, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Greer W. Tourtel

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

9/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/25/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

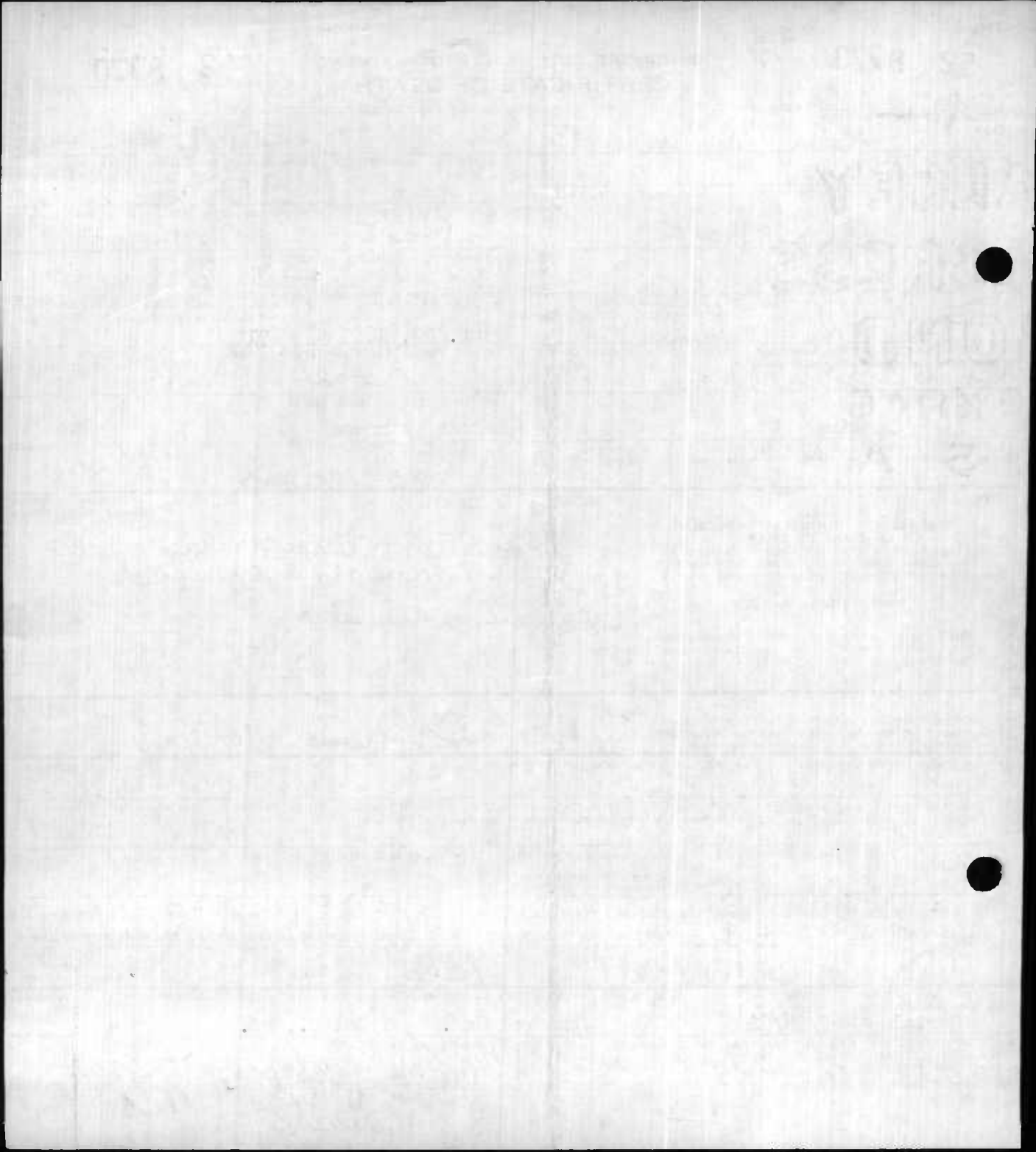
Jm. J. Vickers &amp; Sons

ADDRESS

Baltimore 17, Md.

VS 150

MEDICAL CERTIFICATION



52 8771

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8771  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GERTRUDE RUFÉ AUSTIN

2. DATE  
OF  
DEATH

9-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

12-7

D. STREET ADDRESS (If rural, give location)

2915 BEECH AVE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

FEMALE WHITE

MARRIED

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

Feb. 2 1875

77

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pa.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES W. RUFÉ

14. MOTHER'S MAIDEN NAME

LOUISA KRIEG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Hospital Records

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Atherosclerotic heart  
disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-16 1952, to 9-22 1952, that I last saw the  
deceased alive on 9-22 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Long

23B. ADDRESS

M. D.

Union Memorial Hosp.

23C. DATE SIGNED

9/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

9/23/52

\*

Philadelphia, Pa.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 23 1952

Huntington Williams, M.D.

2600 J. F. Lender &amp; Sons

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Family Member		14. Signature of Priest		15. Signature of Minister	
16. Signature of Other		17. Signature of Other		18. Signature of Other	
19. Signature of Other		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	



3-300

52-8772

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

7327 North Charles St.

C. Length of stay in Baltimore

3. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Pres. Dept. U.S.A.

13. FATHER'S NAME

Mr. Willis Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

2. DATE OF DEATH

Sept 20 1952

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md. B. COUNTY Baltimore Co.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Woodlawn (Doddman)

D. STREET ADDRESS (If rural, give location)

3803 Oak Ave.

8. DATE OF BIRTH

Oct. 19 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Fellsburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth F. Dunaway

17. INFORMANT

Mrs. John H. Mullan

ADDRESS

3803 Oak Ave

18. 350X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ray Paralysis agitans

10 yr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis

10 yr

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

generalized arteriosclerosis  
arteriosclerotic ulcers

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to Sept. 20, 1952, that I last saw the deceased alive on 9/15, 1952 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. J. J.

23B. ADDRESS

1142 29th St.

23C. DATE SIGNED

9/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 23 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. J. J. J.

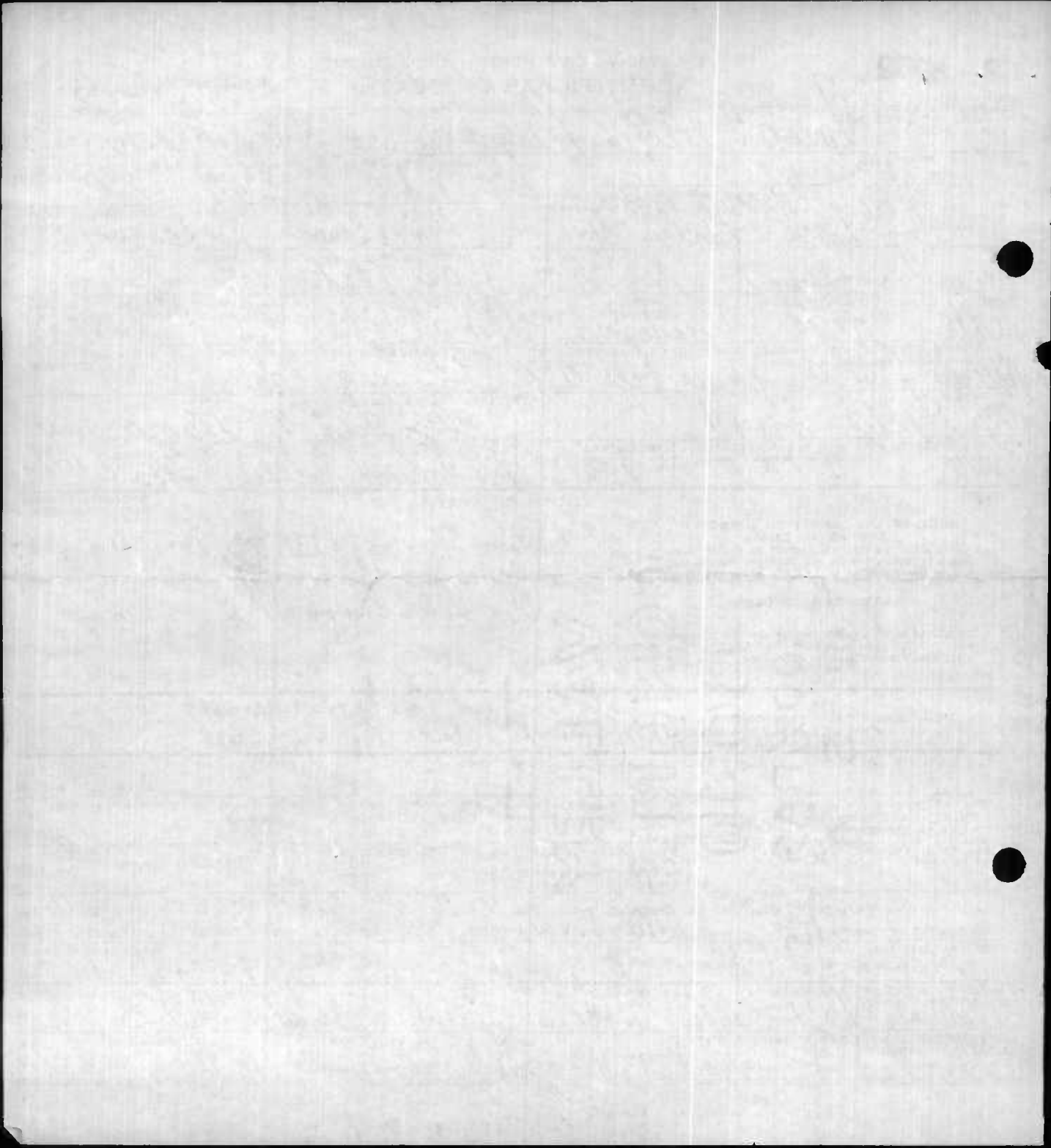
ADDRESS

4510 Liberty Ave.

SEP 23 1952

VS 150

195 39096 8767



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8773

BIRTH NO. 52 8773

1. NAME OF DECEASED (Type or Print) <u>(Charlie) CHARLES JONES</u>		2. DATE OF DEATH <u>September 18, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF _____ If not in hospital or institution, give street address or location) <u>Johns Hopkins Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>1104 Orleans Street</u>		<u>5-12</u>	
5. Length of stay in Baltimore <u>35 Yrs</u>		Yrs. Mos. Days	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 19, 1897</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>In General</u>	9. AGE (In years last birthday) <u>55</u>
11. BIRTHPLACE (State or foreign country) <u>Green Co. N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John P. Jones</u>		14. MOTHER'S MAIDEN NAME <u>Allie Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Patie Parker Pine Top N.C.</u>		ADDRESS _____	

18. <u>002X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Far advanced pulmonary tuberculosis</u> DUE TO _____ (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	

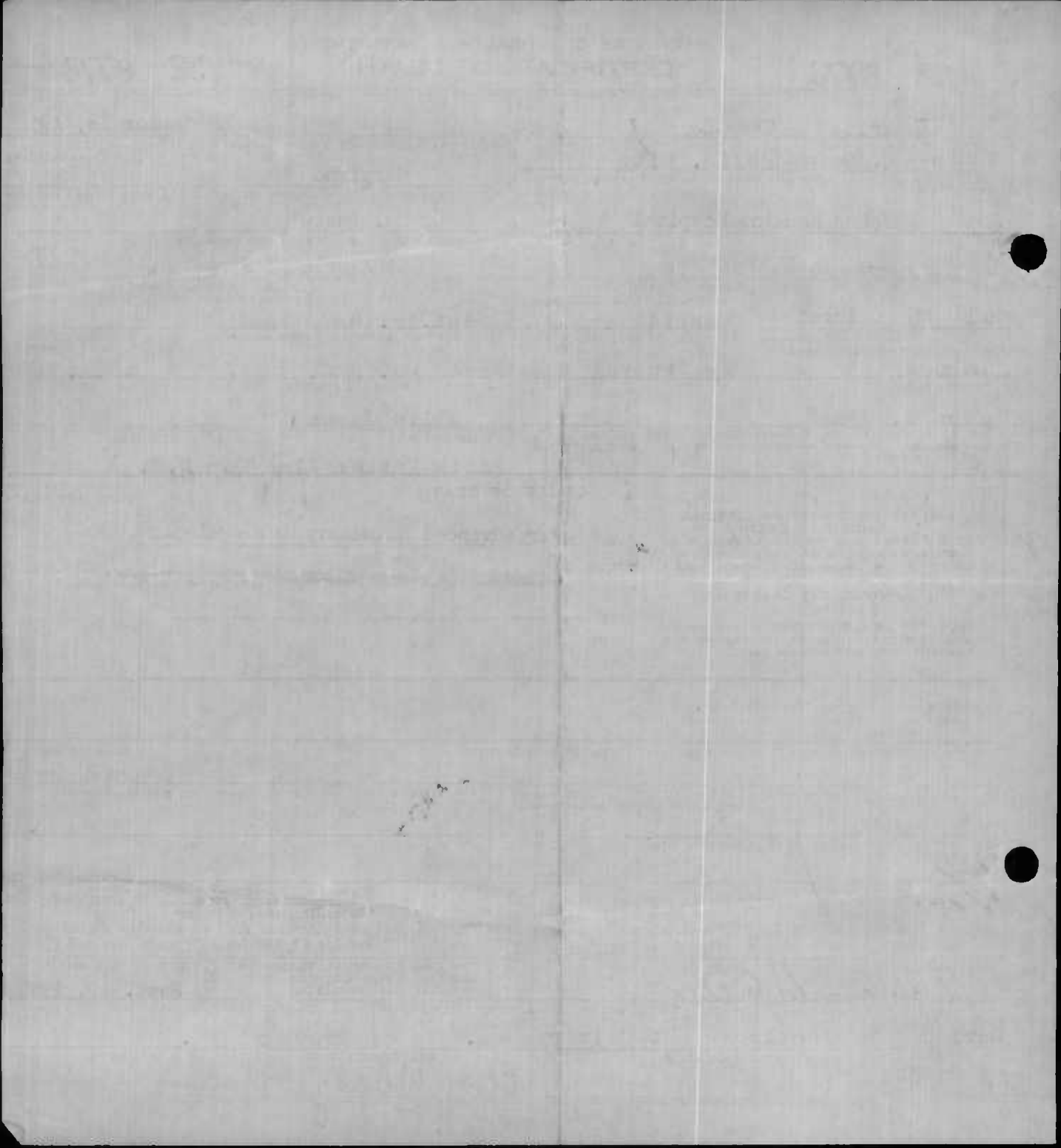
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William Upchurch</u>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <u>Sept. 19, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/23/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) <u>Brooklyn Md.</u>		(State) _____			

DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 23 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Eloy Wilson 1009 Bently ave</u>	
ADDRESS _____		ADDRESS _____			

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52

877A

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 52 877A

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hester

Williams

2. DATE  
OF  
DEATH

Sept. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1102 Whatcoat Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1102 Whatcoat Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

Female

Col.

Single

Nov. -17-1912

39

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

Private

11. BIRTHPLACE (State or foreign country)

Relay Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Joseph Albert Williams

14. MOTHER'S MAIDEN NAME

Mary Priscella Ireland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Eliza Williams 1102 Whatcoat Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Occlusion

6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Mitral Insufficiency

2 yrs 7 mo -  
25 days

(C) DUE TO

Hypertensive Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1/26/50, 19, to 9/20/52, 19, that I last saw the  
deceased alive on 9/20, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/24/1952

Arbutus Mem. Park

Arbutus Balt. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

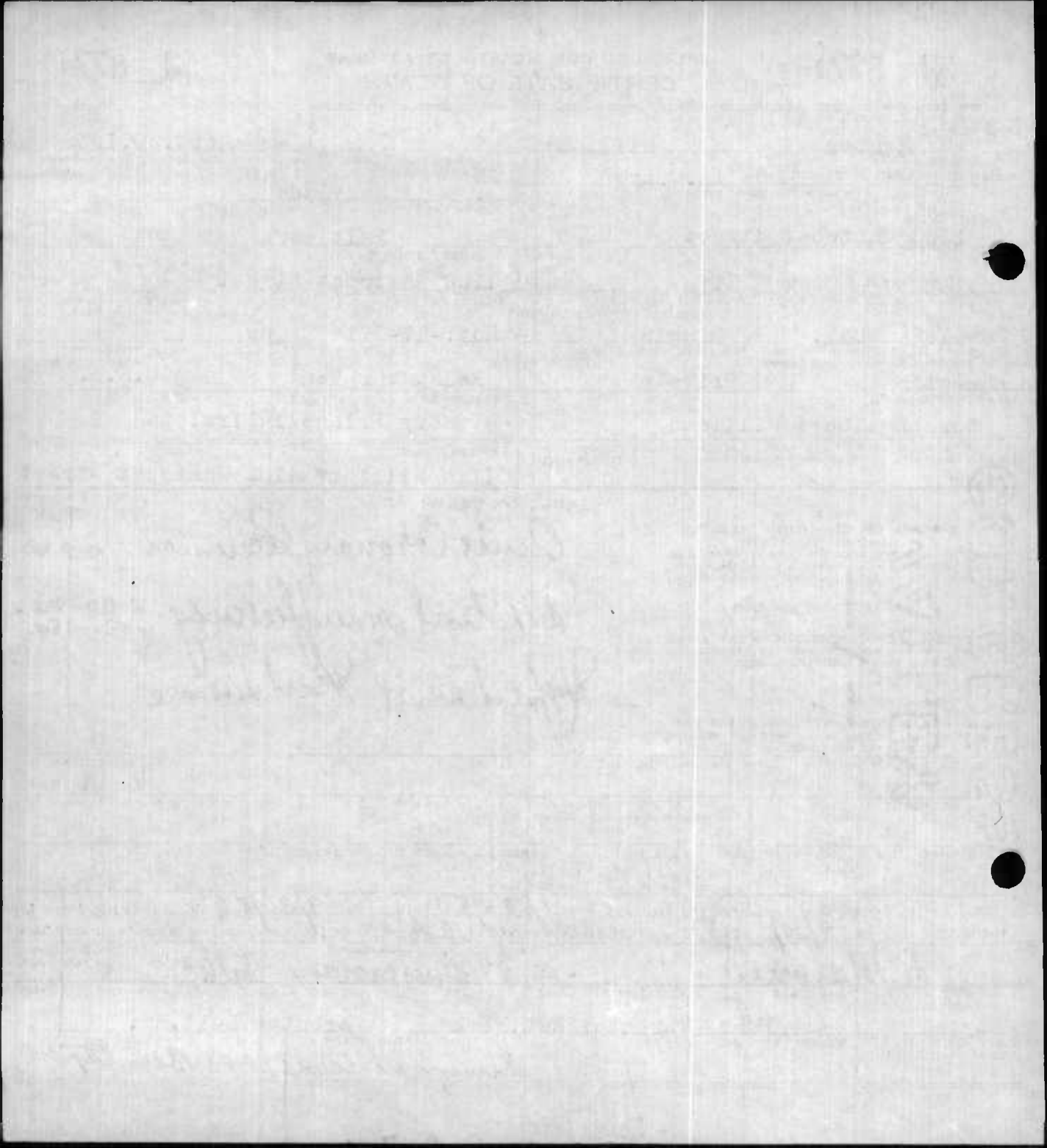
SEP 23 1952

Huntington Williams, M.D.

Eliza Williams 1000 Bunker Ave

VS 150

MEDICAL CERTIFICATION





VMC-159416

52

8775

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52

8775

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Issac Sloan

2. DATE  
OF  
DEATH

9-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

139 W. Hull St. --3

Length of stay in Baltimore

30 yrs.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Jan. 27, 1888

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gabriel Sloan

14. MOTHER'S MAIDEN NAME

Jane Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

Cerebral vascular accident

(A)

DUE TO

## ANTECEDENT CAUSES

Hypertensive heart disease

2yrs

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis

(C)

?

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24-1952, to 9-22-1952, that I last saw the  
deceased alive on 9-22-1952, and that death occurred at 6:15A m., from the causes and on the date stated above.

23A. SIGNATURE

42 Johnnie Lee

23B. ADDRESS

M. D.

4940 Eastern Ave.

23C. DATE SIGNED

9.22.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 23 1952

Huntington Williams, M.D. James A. Hayes 638 N. 9th Ave. St.

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

1918

1918

1. Name of deceased: \_\_\_\_\_  
2. Age: \_\_\_\_\_  
3. Sex: \_\_\_\_\_  
4. Race: \_\_\_\_\_  
5. Occupation: \_\_\_\_\_  
6. Cause of death: \_\_\_\_\_  
7. Date of death: \_\_\_\_\_  
8. Place of death: \_\_\_\_\_  
9. Signature of attending physician: \_\_\_\_\_  
10. Signature of medical examiner: \_\_\_\_\_  
11. Signature of coroner: \_\_\_\_\_  
12. Signature of registrar: \_\_\_\_\_

13. Name of informant: \_\_\_\_\_  
14. Address of informant: \_\_\_\_\_  
15. Signature of informant: \_\_\_\_\_  
16. Date of report: \_\_\_\_\_

17. Name of hospital: \_\_\_\_\_  
18. Name of physician: \_\_\_\_\_  
19. Name of nurse: \_\_\_\_\_  
20. Name of attendant: \_\_\_\_\_

21. Name of undertaker: \_\_\_\_\_  
22. Name of funeral home: \_\_\_\_\_  
23. Name of cemetery: \_\_\_\_\_  
24. Name of burial place: \_\_\_\_\_

25. Name of registrar: \_\_\_\_\_  
26. Name of coroner: \_\_\_\_\_  
27. Name of medical examiner: \_\_\_\_\_  
28. Name of attending physician: \_\_\_\_\_

29. Name of informant: \_\_\_\_\_  
30. Address of informant: \_\_\_\_\_  
31. Signature of informant: \_\_\_\_\_  
32. Date of report: \_\_\_\_\_

33. Name of hospital: \_\_\_\_\_  
34. Name of physician: \_\_\_\_\_  
35. Name of nurse: \_\_\_\_\_  
36. Name of attendant: \_\_\_\_\_

37. Name of undertaker: \_\_\_\_\_  
38. Name of funeral home: \_\_\_\_\_  
39. Name of cemetery: \_\_\_\_\_  
40. Name of burial place: \_\_\_\_\_

41. Name of registrar: \_\_\_\_\_  
42. Name of coroner: \_\_\_\_\_  
43. Name of medical examiner: \_\_\_\_\_  
44. Name of attending physician: \_\_\_\_\_

45. Name of informant: \_\_\_\_\_  
46. Address of informant: \_\_\_\_\_  
47. Signature of informant: \_\_\_\_\_  
48. Date of report: \_\_\_\_\_

49. Name of hospital: \_\_\_\_\_  
50. Name of physician: \_\_\_\_\_  
51. Name of nurse: \_\_\_\_\_  
52. Name of attendant: \_\_\_\_\_

53. Name of undertaker: \_\_\_\_\_  
54. Name of funeral home: \_\_\_\_\_  
55. Name of cemetery: \_\_\_\_\_  
56. Name of burial place: \_\_\_\_\_

240

52 8776

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8776  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM GEORGE SIEGEL</b>		2. DATE OF DEATH <b>Sept. 19, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>513 N. Bouldin St.</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-10</b>	
c. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>513 N. Bouldin St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 18, 1890</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>J. F. Busky &amp; Son</b>	9. AGE (In years last birthday) <b>62</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Frederick W. Siegel</b>		14. MOTHER'S MAIDEN NAME <b>Anna Tussman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>212-01-4666</b>	
17. INFORMANT <b>Mrs. Mary V. Siegel, wife, above</b>		ADDRESS	

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute myocardial infarction</b> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic cardio-vascular disease</b> DUE TO		<b>7 yrs</b>
(C) _____		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-13-**, **1945**, to **6-12-**, **1948**, that I last saw the deceased alive on **6-12-**, **1948**, and that death occurred at **8:20 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William C. Rang</b>	23B. ADDRESS <b>2117 Belair Rd.</b>	23C. DATE SIGNED <b>9-23-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 23, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Mem. Park</b>
24D. LOCATION (City, town, or county) (State) <b>Taylor Ave., Balto. Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 23 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Schimmunek Funeral Home, Inc.</b>	ADDRESS <b>2601-3-5 E. Madison St.</b>
--	---	--	---

564242 0208771

DEPARTMENT OF HEALTH  
CENTRO-CENTRO DEATH

8118

32

NAME, LAST, FIRST, MIDDLE

AGE, SEX, RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF RECORDER

NAME OF INDEXER

NAME OF FILED

NAME OF CHECKED

NAME OF REVIEWED

NAME OF APPROVED

NAME OF SIGNED

NAME OF DATED

NAME OF TIME

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8777**

**52 8777**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE R. GORSUCH</b>		2. DATE OF DEATH <b>9/22/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Sparks</b>	
Length of stay in Baltimore (Specify) <b>(Sparks - Life)</b>		D. STREET ADDRESS (If rural, give location) <b>Yeohs Rd.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 25, 1893</b>
9. AGE (In years last birthday) <b>59</b>		10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caretaker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hydro Electric Plant</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>George W. Gorsuch</b>		14. MOTHER'S MAIDEN NAME <b>Alice Richards</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Same</b>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>540.1</b>	CAUSE OF DEATH (A) <b>Perforated Gastric Ulcer</b> DUE TO <b>Chronic curvature</b> (B) <b>Gastric ulcer</b> DUE TO <b>Peritonitis, Ulcer</b> (C) <b>Arteriosclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> <b>6 mos. +</b> <b>12 hrs.</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9/17/52</b>	19B. MAJOR FINDINGS OF OPERATION <b>Chronic appendicitis</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>9/9/52</b> to <b>9/22/52</b> , that I last saw the deceased alive on <b>9/22/52</b> , and that death occurred at <b>11:55 P.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>W.B. Reever, Jr.</b>	23B. ADDRESS <b>Mary Hospital</b>	23C. DATE SIGNED <b>9/23/52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-26-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 23 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Scott Brock</b>	ADDRESS <b>Sparks, Md.</b>

1975 50 8777

MEDICAL CERTIFICATION

For statistical coding procedure we queried in order to determine  
the major or underlying cause of death -perforated gastric ulcer

See Document file 52-8777 for query reply

10/2/52 ES



M-000

52 8778

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8778

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Frederick May

2. DATE  
OF

DEATH Sept. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3711 Egerton Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3711 Egerton Road

c. Length of stay in Baltimore

40 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 22, 1871

9. AGE (In years last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

B&amp;O R.R.

11. BIRTHPLACE (State or foreign country)

Brooklyn New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas May

14. MOTHER'S MAIDEN NAME

Mary Anne Gamble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

705-12-1494

17. INFORMANT

ADDRESS

Laura May 3711 Egerton Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office, bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ WHILE ☐  
NOT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [unclear] 19[unclear] to [unclear] 1952, that I last saw the deceased alive on [unclear], and that death occurred at [unclear] m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 25 1952

24600 Liberty Heights Ave.

MEDICAL CERTIFICATION

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*Xenos (D. Thomas)*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52. 8779  
Registered No. \_\_\_\_\_

BIRTH NO. 52-23354

1. NAME OF DECEASED (Type or Print) <b>MARTIN, Zalewski</b>			2. DATE OF DEATH <b>Sept. 21, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>St. Agnes Hospital</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>5404 Monthel Ave.</b>			E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <b>Sept. 21, 1952</b>		9. AGE (In years last birthday) _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>9 1/2 hrs</b>
13. FATHER'S NAME <b>Andrew- Louis</b>			14. MOTHER'S MAIDEN NAME <b>Dorothy Kolenda</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Dorothy Zalewski</b>		
			ADDRESS		

18. <b>760.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <b>Massive &amp; diffuse subarachnoid hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO _____ (B) DUE TO <b>Arteriosclerosis, etc.</b> (C) DUE TO <b>Fetal malpresentation - difficult for spec extraction</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE **A. Q. Paraiso** M. D. 23B. ADDRESS **St. Agnes' Hospital** 23C. DATE SIGNED **7-22-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 24-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Edsworth Armistead</b>

1952 4600 Liberty Heights Ave.

MEDICAL CERTIFICATION

Dr. Wagner

Dr. Wagner

Dr. Wagner  
404 11th St. N. W.

Dr. Wagner  
404 11th St. N. W.  
Dr. Wagner  
404 11th St. N. W.

S-322  
52 8780BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8780  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Etta L. Stokes

2. DATE  
OF  
DEATH

9/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Baltimore Square Dept.

C. Length of stay in Baltimore

30 yrs

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

904 W. Lombard St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 23, 1887

9. AGE (in years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

house work

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Eastern Shore, Md.

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Alfred J. Stokes

14. MOTHER'S MAIDEN NAME

Sarah Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Louis Stokes 904 W. Lombard St.

ADDRESS

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral thrombosis

Immediate

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio - Vas. disease years.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept- 1946, 19, to 1951, 19, that I last saw the deceased alive on Sept 19 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Tommasello M. D.

23B. ADDRESS

904 W. Lombard St

23C. DATE SIGNED

Sept 22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial 9/24/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cem.

24D. LOCATION (City, town, or county)

2930 Frederick Ave

DATE RECEIVED BY LEGAL REGISTRAR

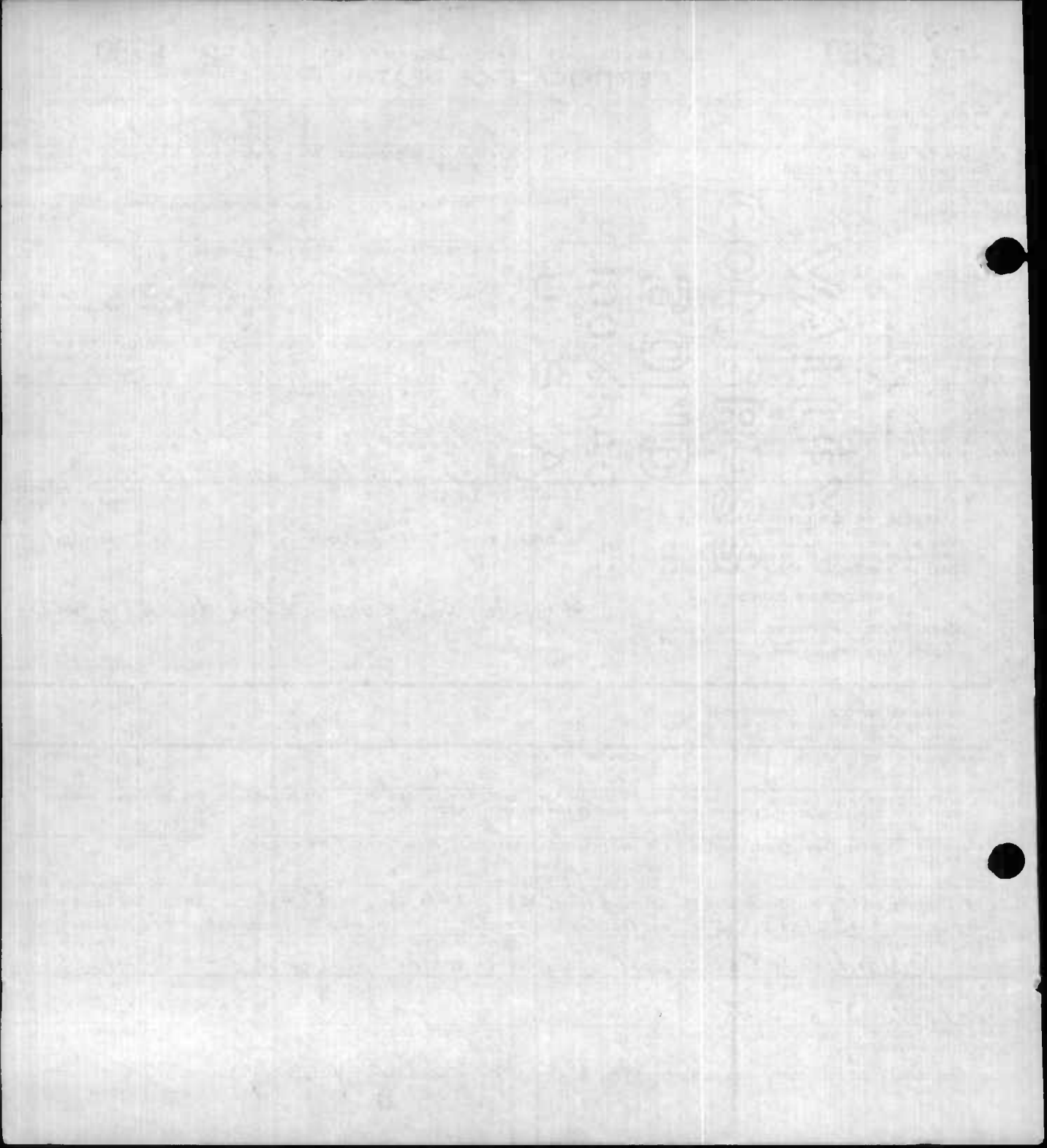
REGISTRAR'S SIGNATURE

SEP 23 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Courtyard 904 W. Lombard St.

ADDRESS





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8781**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**CHARLES E. WEYRAUCH**

2. DATE  
OF  
DEATH

**September 21, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**310 N. Paca Street**

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Oct. 17, 1875**

9. AGE (In years last birthday)

**76**

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Ret. House Painter**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Charles Weyrauch**

14. MOTHER'S MAIDEN NAME

**Catherine E. Mascott**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Ruth Weyrauch, 310 N. Paca Street**

18.

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

11  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

III. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William Updegraff*

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

**Sept. 22, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

24B. DATE

**9/24/52**

24C. NAME OF CEMETERY OR CREMATORY

**Green Mount Cemetery**

24D. LOCATION (City, town, or county) (State)

**Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

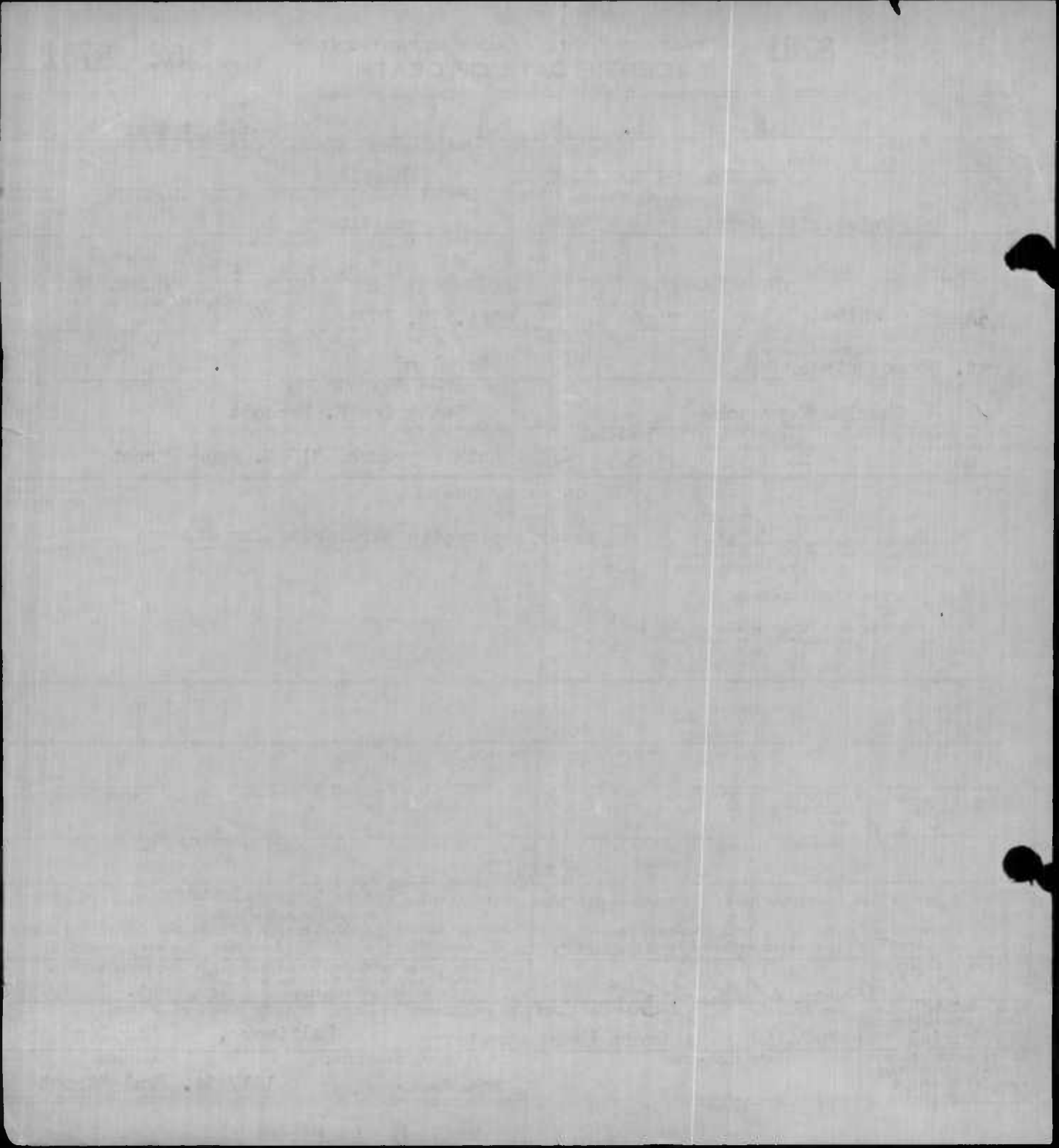
REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

**Wm. Cook, Inc., 1217 St. Paul Street**



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8782  
Registered No.

BIRTH NO. 5-526  
52 8782  
Non Res.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CHARLES G. SINCLAIR		September 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (not in hospital or institution, give street address or location) Maryland General Hospital		A. STATE Maryland	
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 14 W. Preston Street 11-02	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 11, 1952
9. AGE (In years last birthday) 5	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? 10
13. FATHER'S NAME Charles G. Sinclair		14. MOTHER'S MAIDEN NAME Leneta Dowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO	
17. INFORMANT Leneta Sinclair, 14 W. Preston Street		ADDRESS	

18. 525X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERSTITIAL PNEUMONIA (A) ..... DUE TO ANTECEDENT CAUSES (B) ..... DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		CAUSE OF DEATH INTERSTITIAL PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH
--	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 22, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 9/24/52	24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 23 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook, Inc.</i> 1217 St. Paul Street		

1958 5

WASH. D.C. 20540

30

UNITED STATES  
DEPARTMENT OF AGRICULTURE

WASH. D.C. 20540

UNITED STATES  
DEPARTMENT OF AGRICULTURE

UNITED STATES  
DEPARTMENT OF AGRICULTURE

UNITED STATES  
DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C. 20540

WASHINGTON, D.C. 20540

WASHINGTON, D.C. 20540

4436

52 8783

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8783  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AUGUST KLETTNER

2. DATE  
OF  
DEATH

9-23-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1145 HAUBERT ST

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE MD B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 24-01

D. STREET ADDRESS (If rural, give location)

1145 HAUBERT ST

Length of stay in Baltimore  
Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

MALE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG-8-1884

9. AGE (in years  
last birthday)

71

10. Under 1 Year  
Months: Days11. Under 24 hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MAINTENANCE MAN

10B. KIND OF BUSINESS OR  
INDUSTRY

AMERICAN SUGAR REFIN

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

KLETTNER

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

212-09-6432

17. INFORMANT

ADDRESS

MRS. EVA A. KLETTNER, 1145 HAUBERT ST

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of Lung  
DUE TO

Carcinoma of Lung

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

1 yr.

19A. DATE OF OPERATION

Aug. 19, 1952

19B. MAJOR FINDINGS OF OPERATION

Bronchogenic Carcinoma rt. lower lobe

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1951, to 9-23, 1952, that I last saw the  
deceased alive on 9-22, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hall

23B. ADDRESS

707 Fort Ave.

23C. DATE SIGNED

9-23-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-26-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

RITCHIE HGHY

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

THOMAS J. KENNY INC 1600 Hollins St

SEP 23 1952

VS 150

VS 150

VS 150

VS 150

WEEK 22 RECORD

1942 FEB 27 73

1942 FEB 28 73

1942 FEB 29 73

1942 FEB 29 73

RECORD

1942 FEB 29 73

1942 FEB 29 73

1942 FEB 29 73



52 8784

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8784

Registered No.

BIRTH NO.

1. NAME OF DECEASED, (Type or Print) <i>Emilia Ferris</i>		2. DATE OF DEATH <i>Sept 21<sup>st</sup> 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2883 Belham Ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>—</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>6-02</i>	
C. Length of stay in Baltimore <i>Md</i>		D. STREET ADDRESS (If rural, give location) <i>123 N. Glover St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct 2<sup>nd</sup> 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>74</i>
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Valentine Burkhauser</i>		14. MOTHER'S MAIDEN NAME <i>Mary Hermann</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Campbell</i>		ADDRESS <i>2883 Belham Ave</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Hypertensive arterio-sclerotic heart disease</i> DUE TO (B) <i>Pulmonary edema</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>2 hrs</i>
--	--	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>21 Sept 1952</i> , to <i>21 Sept 1952</i> , that I last saw the deceased alive on <i>21 Sept 1952</i> , and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Donald Omark</i>	23B. ADDRESS <i>3234 Lake Ave</i>	23C. DATE SIGNED <i>23 Sept 52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 25 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Leo &amp; Leach</i>	ADDRESS <i>1701 03 W Patterson Park Ave</i>

VS 150

19520008770

MEDICAL CERTIFICATION

1951  
1877  
74

Mr. Mark 3234 Lake Ave. O 27986

52 8785

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8785

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE H. BROMER

2. DATE  
OF  
DEATH

September 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

113 S. Castle Street

5. FULL NAME OF

HOSPITAL OR  
INSTITUTION

University Hospital

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-29-20

9. AGE (In years  
last birthday)

32

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Adolf Elinski

14. MOTHER'S MAIDEN NAME

Mary / ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Wm. Bromer

ADDRESS

113 S. Castle Street

18. 723X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Colloid cysts of third ventricle

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral edema

(C) Hydrocephalus

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-26-52

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

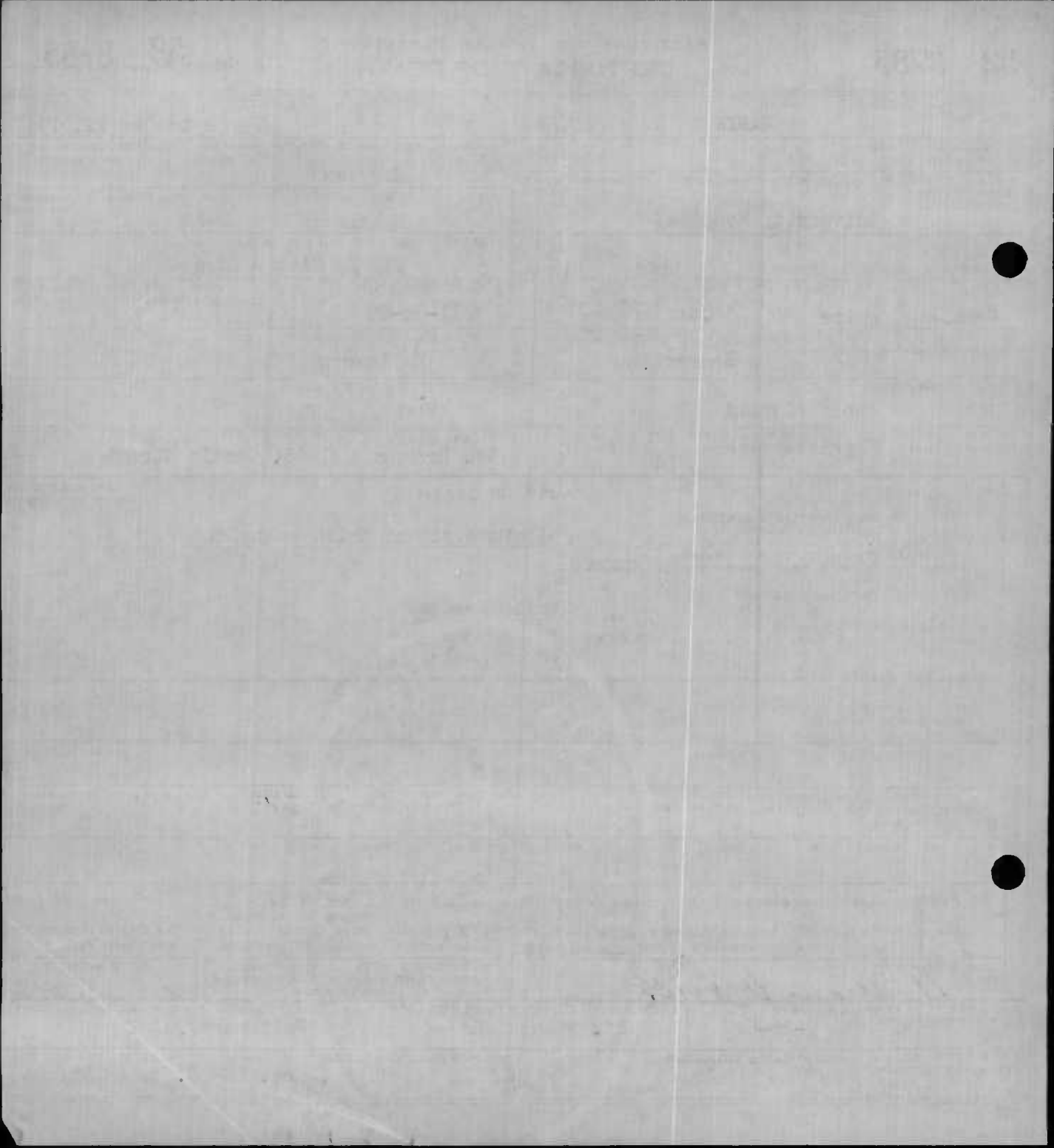
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly &amp; Zeiler, Inc. 403 S. Wolfe Street

ADDRESS



52 8786  
BIRTH NO. *Non Res.*BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8786

1. NAME OF DECEASED  
(Type or Print)

GREGORY

HUDSON

2. DATE  
OF  
DEATH

September 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1329 N. Bruce Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-02

D. STREET ADDRESS (If rural, give location)

1329 N. Bruce Street

Length of stay in Baltimore

4 Mos.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

8. DATE OF BIRTH

Feb. 18, 1952

9. AGE (In years last birthday)

If Under 1 Year  
Months: Days

7

3

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Gilbert

14. MOTHER'S MAIDEN NAME

Dinola Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Dinola Reed 1329 N. Bruce St

18. 772.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
Sept. 22, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/23/1952

Mt Calvary Cem

Brooklyn Md.

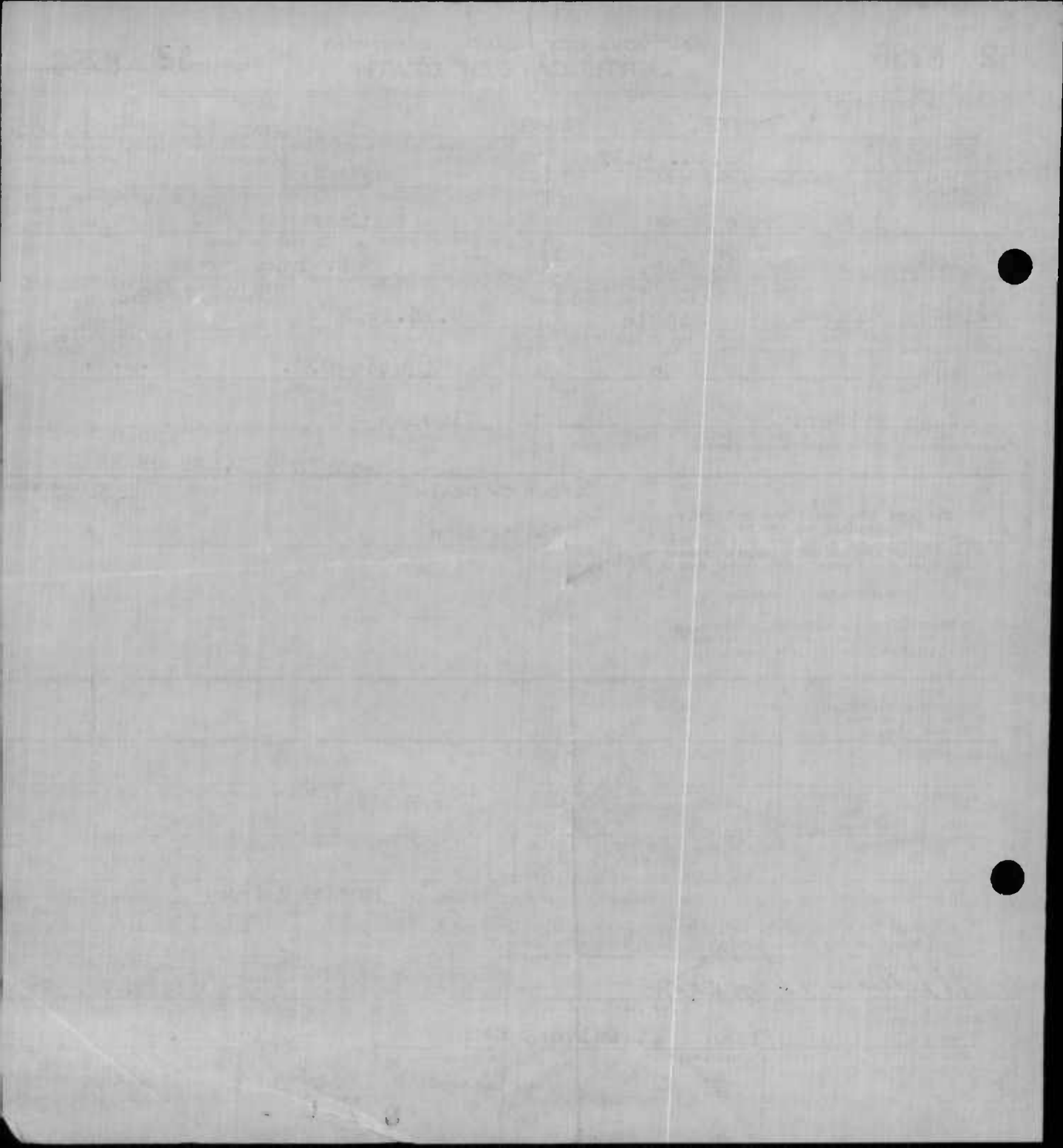
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151





650

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8787  
Registered No.

BIRTH NO.

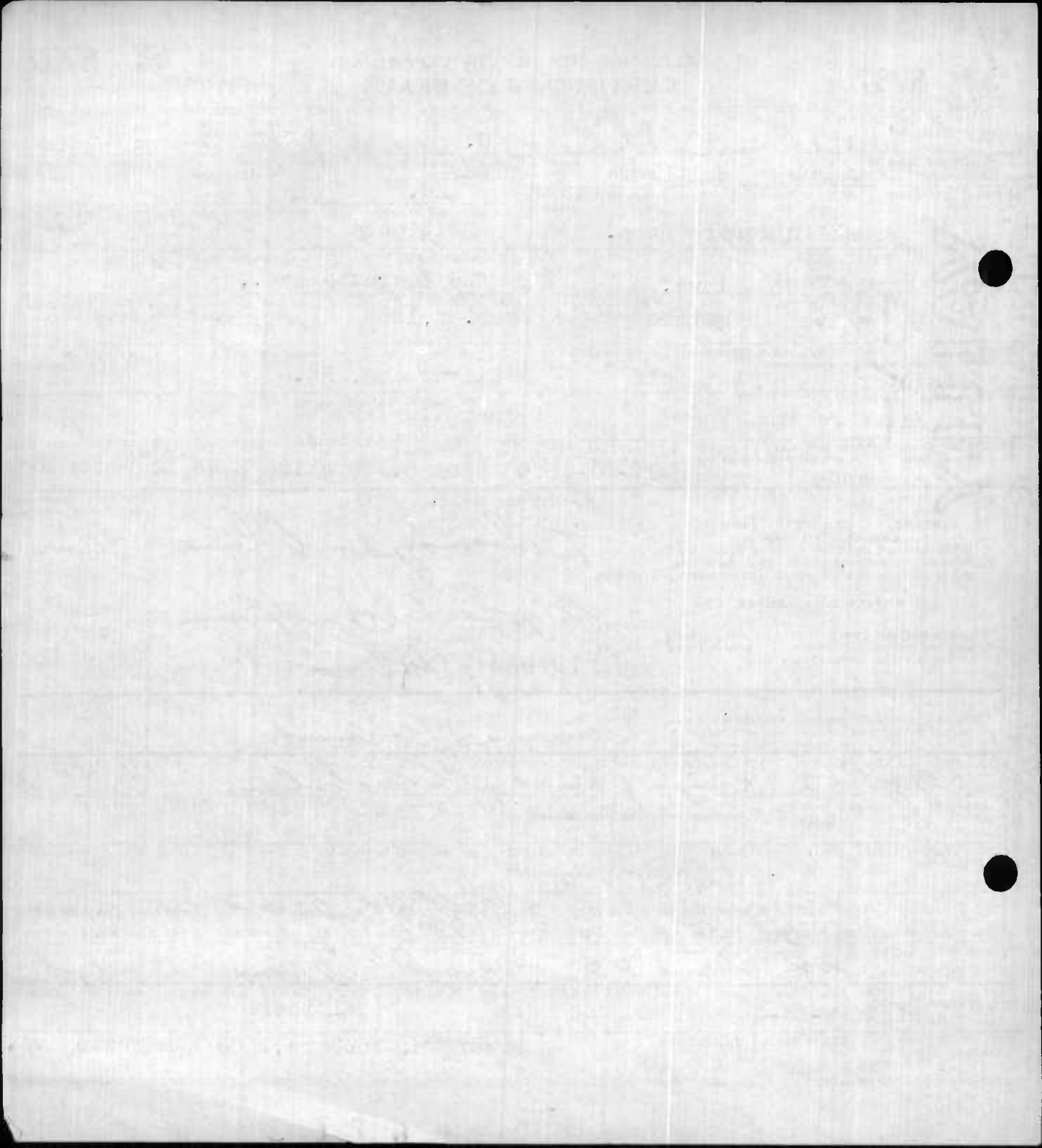
1. NAME OF DECEASED (Type or Print) <i>Warehime George C.</i>			2. DATE OF DEATH <i>9-22-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>20-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Franklin Square Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. Length of stay in Baltimore <i>1 wk.</i>			E. STREET ADDRESS (If rural, give location) <i>2726 Lauretta Ave.,</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 25, 1885</i>	9. AGE (In years last birthday) <i>67</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (State or foreign country) <i>Silver Run, Md.</i>	
13. FATHER'S NAME <i>Eli Warehime</i>			14. MOTHER'S MAIDEN NAME <i>Anna Yingling</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>none</i>		16. SOCIAL SECURITY NO. <i>212-01-1890</i>		17. INFORMANT ADDRESS <i>Pearl O. Warehime 2726 Lauretta Ave</i>	

18. <i>470.1 and 151 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary embolism</i>		CAUSE OF DEATH (A) <i>Pulmonary embolism</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>30 sec</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Myocardial Insufficiency</i>		(B) <i>Myocardial Insufficiency</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of Stomach</i>		(C) <i>Coronary Arteriosclerosis</i> DUE TO	

19A. DATE OF OPERATION <i>16 Sept '52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Stomach with Metastasis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>15 Sept, 1952</i> to <i>22 Sept, 1952</i> , that I last saw the deceased alive on <i>22 Sept, 1952</i> , and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dean W. Danc, M.D.</i>		23B. ADDRESS <i>6 Franklin Sq. Hosp.</i>		23C. DATE SIGNED <i>22 Sept 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-25-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 23 1952</i>	REGISTRAR'S SIGNATURE <i>Howard H. Hubbard</i>	25. FUNERAL DIRECTOR <i>Howard H. Hubbard, 2503 Edmondson Ave.</i>
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16834 00282



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8788  
Registered No.

52 8788  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JAMES RICHARD CHAMBERS</b>			2. DATE OF DEATH <b>September 19, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) <b>1120 Linden Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 1911</b>	9. AGE (In years last birthday) <b>41</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Public</b>	11. BIRTHPLACE (State or foreign country) <b>Fairfield, Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Lewis Chambers</b>			14. MOTHER'S MAIDEN NAME <b>Sallie Hamilton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>227-03-6472</b>	17. INFORMANT ADDRESS <b>Floyd Chambers, 1211 Reem Street</b>		

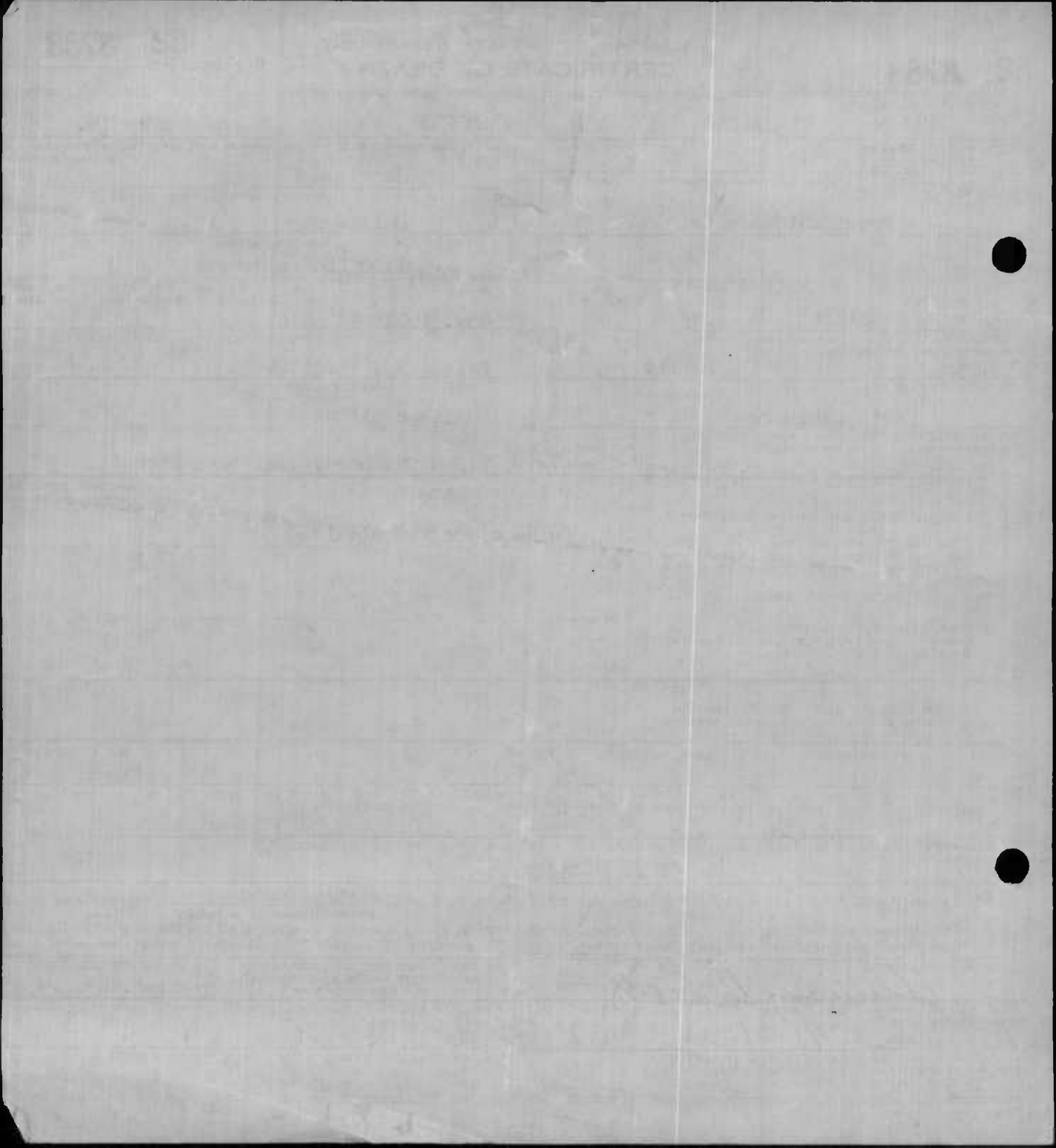
18. <b>002X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary tuberculosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William D. Smith</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Sept. 23, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24B. DATE <b>9/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	25. FUNERAL DIRECTOR <b>W. H. Smith</b>	ADDRESS <b>9/23/52</b>

SEP 23 1952  
VS 151  
6446A 228785



52 8789  
BIRTH NO. 52-20483BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8789

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL TUCKER

2. DATE  
OF  
DEATH

9/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SINAI Hospital

C. Length of stay in Baltimore

4

Days

S. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

MATTHEW TUCKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD -

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

8-06

D. STREET ADDRESS (If rural, give location)

1732 N. Broadway #13

8. DATE OF BIRTH

8/29/52

9. AGE (In years last birthday)

Under 1 Year  
Months: Days

4

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALOO. MD.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

MARKS

17. INFORMANT

ADDRESS

18.

768.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

SEPTICEMIA, prob. ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

PREMATURE

(C)

INTERVAL BETWEEN ONSET AND DEATH

14 HRS.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1952, to Sept 3, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL SEP 22 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

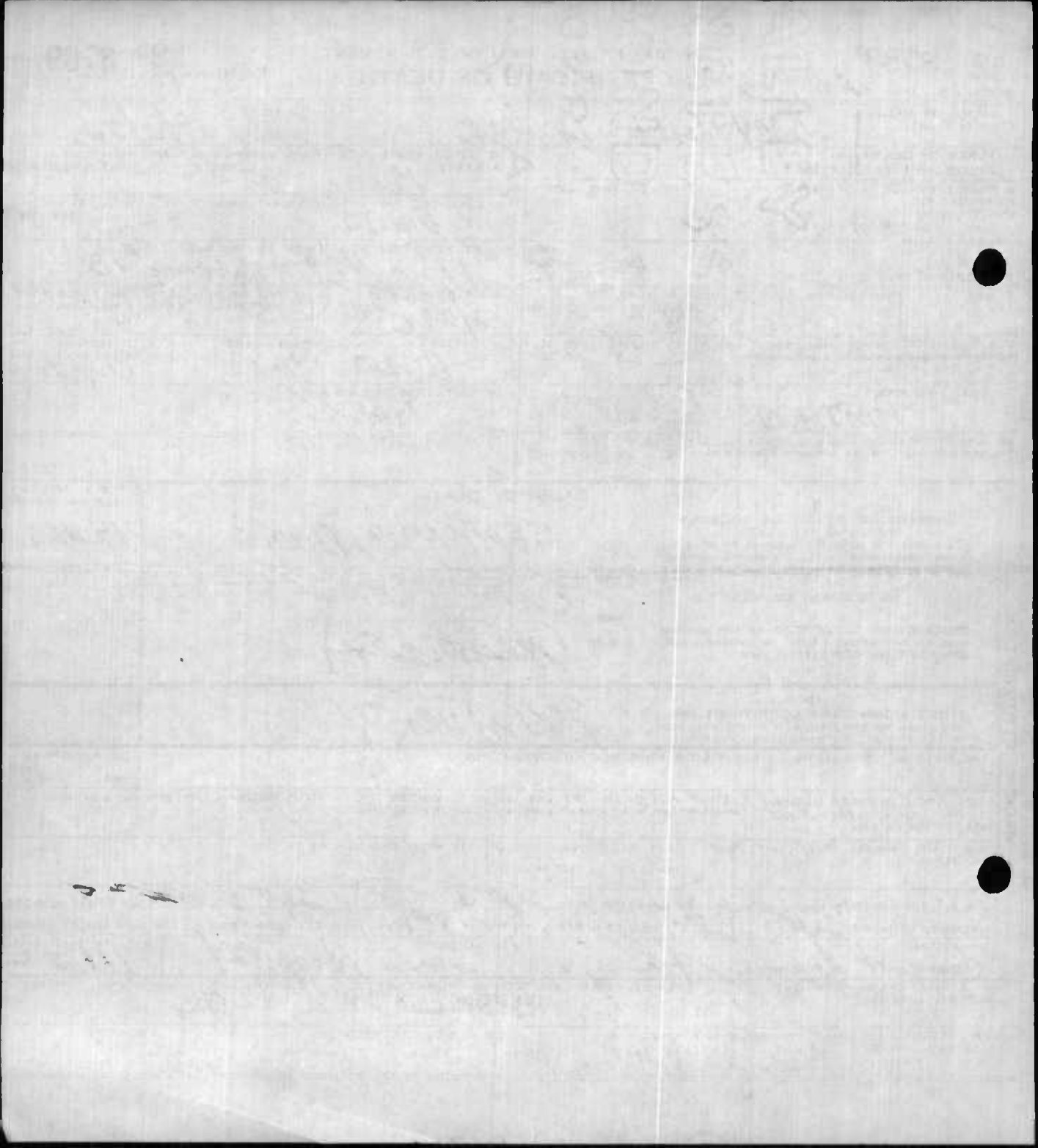
SEP 23 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8790

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*ALAN HilBERT KRAMMER*

2. DATE  
OF  
DEATH

*September 23, 1952*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION

*Marine Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

*11-01*

D. STREET ADDRESS (If rural, give location)

*937 N. Calvert Street*

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*SINGLE*

8. DATE OF BIRTH

*OCT. 20, 1905*

9. AGE (In years last birthday)

*46*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*SEAMAN*

10B. KIND OF BUSINESS OR INDUSTRY

*MERCHANT MARINE*

11. BIRTHPLACE (State or foreign country)

*PENNSYLVANIA*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*ABRAHAM L. KRAMER*

14. MOTHER'S MAIDEN NAME

*ALICE LOUISA HERBST*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*YES*

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*P. FREDERICK KRAMER 1739 WILLIAM ST.*

ADDRESS

18. *E 900.6*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Skull fracture*

~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Extradural hemorrhage*

~~XXXXX~~ *Subdural hemorrhage*

(C) *Contusion of brain*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*Store*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

*353 N. Gay Street*

*5-2*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*Sept. 21, 1952 10:30P m.*

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Slipped and fell down steps*

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William Updegraff*

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

*Sept. 23, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*BURIAL*

24B. DATE

*9/26/52*

24C. NAME OF CEMETERY OR CREMATORY

*CHAMBERHILL CEM.*

24D. LOCATION (City, town, or county)

*HARRISBURG, PENNSYLVANIA*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 24 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*JOHN F. DENNY, INC. 715 LIGHT ST. (30)*

ADDRESS

VS 151

*N-803.2*

*623 055 8705*

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



220  
52 8791BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8791  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Morris Isaacs

2. DATE  
OF  
DEATH

September 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sindi Hospital of Baltimore Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-10D. STREET ADDRESS (If rural, give location)  
4116 1/2 Belle Avenue

C. Length of stay in Baltimore

60 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

1874

9. AGE (in years  
last birthday)

78

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cutter

10B. KIND OF BUSINESS OR  
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Chaim Isaacs

14. MOTHER'S MAIDEN NAME

Chaya ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Allen Isaacs - 4116 1/2 Belle Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Ventricular Fibrillation

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 23, 1952, to September 23, 1952, that I last saw the  
deceased alive on September 23, 1952, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Myron Fine

M. D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

SEP. 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/24/52.

24C. NAME OF CEMETERY OR CREMATORY

Aedhus Achim Congregation Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

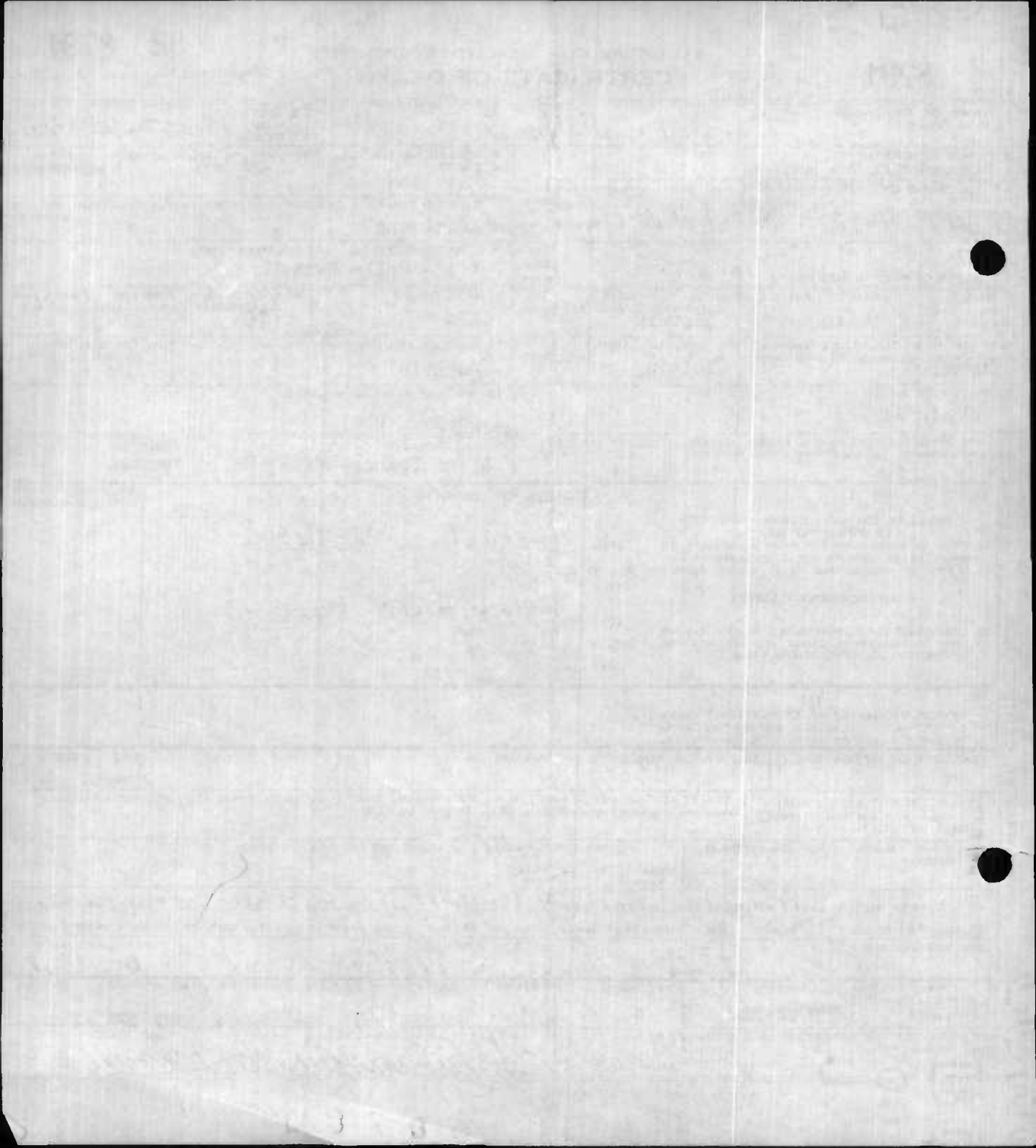
25. FUNERAL DIRECTOR

ADDRESS

Sol Leunow &amp; Bros. 1124 26th North Ave.

VS 150

69046 8780



52 8792

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8792  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Mrs. Mary Naomi Rentz

2. DATE  
OF  
DEATH

September 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5231 Traymore Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-03

D. STREET ADDRESS (If rural, give location)

5231 Traymore Road

c. Length of stay in Baltimore

30 years

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 28, 1888

9. AGE (In years

last birthday)

63

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR INDUSTRY

Paper Bag Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Samuel A. Alban

14. MOTHER'S MAIDEN NAME

Laura Frances Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-28-9372

17. INFORMANT

Melford L. Webb

ADDRESS

5231 Traymore Road

18.

174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Generalized Metastatic Carcinoma

March 52

Adeno Carcinoma of uterus

March 52

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1952, to Sept 22, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James E. White

23B. ADDRESS

M. D.

5214 Harford Rd

23C. DATE SIGNED

23/Sept/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Beckleysville

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

SEP 24 1952

VS 150

69044 Horace J. Burgee

MEDICAL CERTIFICATION

1942

1943

UNITED STATES OF AMERICA

1944

1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8793  
Registered No.

BIRTH NO.

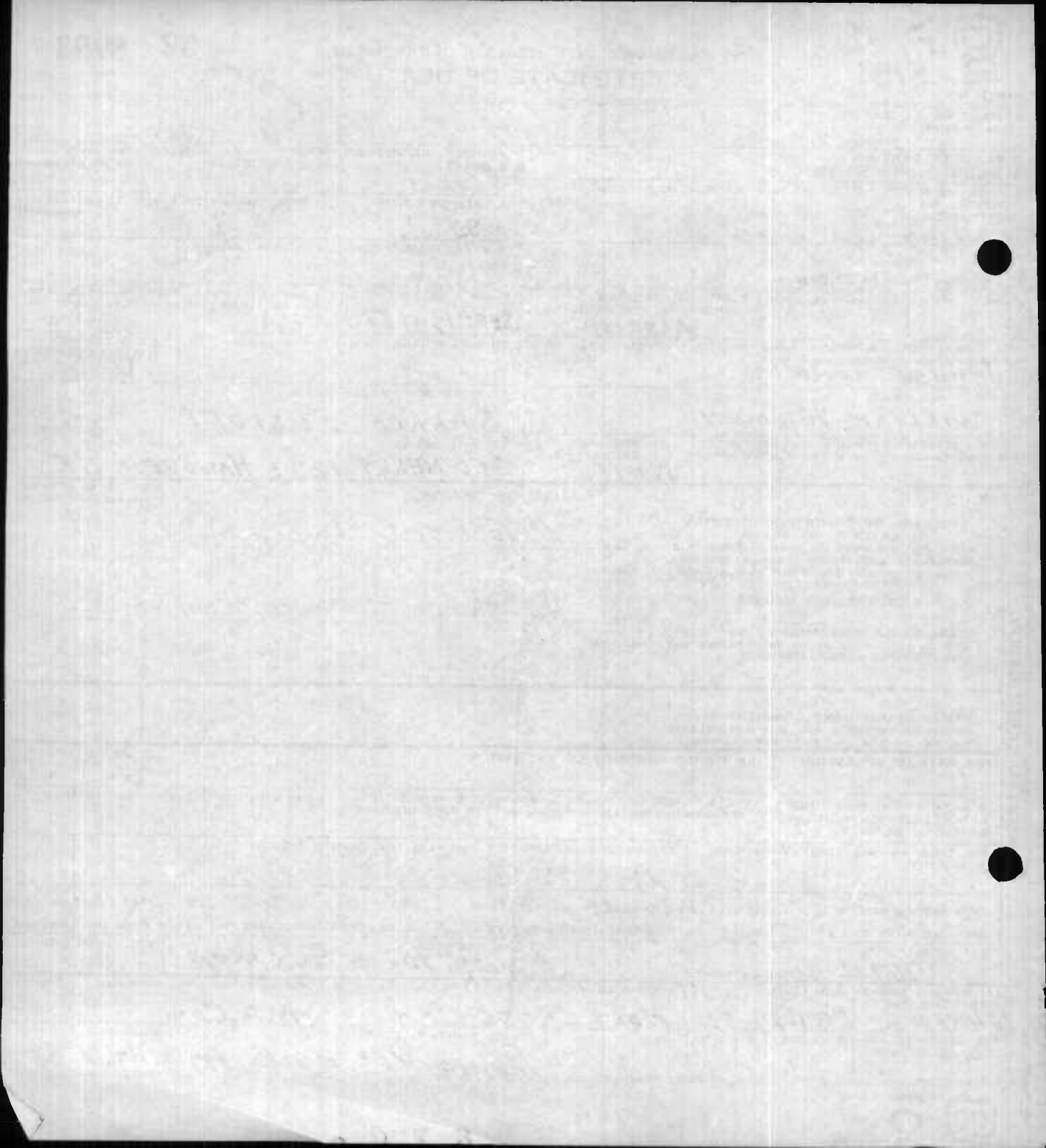
1. NAME OF DECEASED (Type or Print) <i>hula Kelly</i>			2. DATE OF DEATH <i>9/23/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>1323 Hanover St. 23-01</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>Baltimore</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>SEPT 17-1883</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WORK</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>US</i>		
13. FATHER'S NAME <i>WILLIAM BROWN</i>			14. MOTHER'S MAIDEN NAME <i>SALLIE ELLIOTT</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>NONE</i>		
17. INFORMANT			ADDRESS <i>GEO KELLY 1323 HANOVER ST</i>		

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Hypertensive Ht. Disease, Arteriosclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>9/23/52</i> , 19__, to <i>9/23/52</i> , 19__, that I last saw the deceased alive on <i>9/23/52</i> , 19__ and that death occurred at <i>12:15 A. m.</i> , from the causes and on the date stated above.		

23A. SIGNATURE <i>W. W. Conway</i>	M. D.	23B. ADDRESS <i>South Baltimore Genl Hosp</i>	23C. DATE SIGNED <i>9/24/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>SEPT. 27-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>HOLY CROSS CEM</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. Co.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. D. Bernard</i>	ADDRESS <i>C. H. Hark 131 E. West St</i>

19520008700



52 8794

AB-159164

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8794

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blanche Conyers (Conyer)

2. DATE  
OF  
DEATH

9-21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1836 N. Caroline St. zone 13

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

April 10-1922

9. AGE (in years  
last birthday)

30

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Risdon Conyer

14. MOTHER'S MAIDEN NAME

Queenie Robertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT'S ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 007 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Tuberculosis-far advanced

10yrs

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

10yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 5-15-1952 to 9-21-1952, that I last saw the  
deceased alive on 9-21-1952, and that death occurred at 10:30AM, from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson, M.D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-23-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

B. Kesterfield

24D. LOCATION (City, town, or county)

Crestview Quenanne Co Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie P. Williams

ADDRESS

312 N Schroeder St

VS 150

DEPARTMENT OF DEATH

Death Certificate (Form 1)

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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PREVIOUS OTHER

512  
AB-DOA  
52 8795  
12-10881

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8795  
Registered No.

BIRTH NO. 12-10881

1. NAME OF DECEASED (Type or Print) <b>Steven Thompson</b>			2. DATE OF DEATH <b>9-21-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>17-03</b>		
C. Length of stay in Baltimore <b>4 mo.</b>			D. STREET ADDRESS (If rural, give location) <b>752 W. Mulberry St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 7, 1952</b>		9. AGE (In years last birthday) <b>4</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md</b>		12. CITIZEN OF WHAT COUNTRY <b>✓</b>
13. FATHER'S NAME <b>Joe W. Thompson</b>			14. MOTHER'S MAIDEN NAME <b>Virginia Skelton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Joe W. Thompson 752 W. Mulberry St</b>		

18. <b>04.8x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Dysentery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>21</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>D.O.A. -9-21-</b> , 1952, to <b>D.O.A. -9-21-</b> , 1952, that I last saw the deceased <b>xxxxx D.O.A. -9-21-1952</b> and that death occurred at <b>xxxxx D.O.A. -9-21-52</b> from the causes and on the date stated above.				
23A. SIGNATURE <b>Joe W. Thompson</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>9-23-1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 24, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	24D. LOCATION (City, town, or county) (State) <b>Landsdowne, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Mrs. Katie R. Williams Scheriden St</b>		

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

IMMEDIATE

DETAILS OF DEATH

REPORT OF PHYSICIAN

REPORT OF MEDICAL EXAMINER

REPORT OF PATHOLOGIST

REPORT OF CORONER

DATE

SIGNATURE OF PHYSICIAN

SIGNATURE OF MEDICAL EXAMINER

SIGNATURE OF PATHOLOGIST

SIGNATURE OF CORONER

DATE OF SIGNATURE



52 8796  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8796

1. NAME OF DECEASED (Type or Print) <b>ALICE PARET DORSEY</b>		2. DATE OF DEATH <b>9-22-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-13</b>	
c. Length of stay in Baltimore <b>38</b>		D. STREET ADDRESS (If rural, give location) <b>7 ST. Johns ROAD</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>April 21, 1885</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9B. KIND OF BUSINESS OR INDUSTRY	
10. FATHER'S NAME <b>John F. PARET</b>		11. BIRTHPLACE (State or foreign country) <b>WASHINGTON, D.C.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. MOTHER'S MAIDEN NAME <b>Alice Burnside</b>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		15. SOCIAL SECURITY NO.	
16. INFORMANT <b>James Hooper Dorsey</b>		ADDRESS <b>7 St. Johns Road</b>	

18. <b>560.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>hemorrhage from esophageal ulcer</b> DUE TO <b>diaphragmatic hernia</b> DUE TO <b>diaphragmatic hernia</b> DUE TO	CAUSE OF DEATH (A) <b>hemorrhage from esophageal ulcer</b> (B) <b>diaphragmatic hernia</b> (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

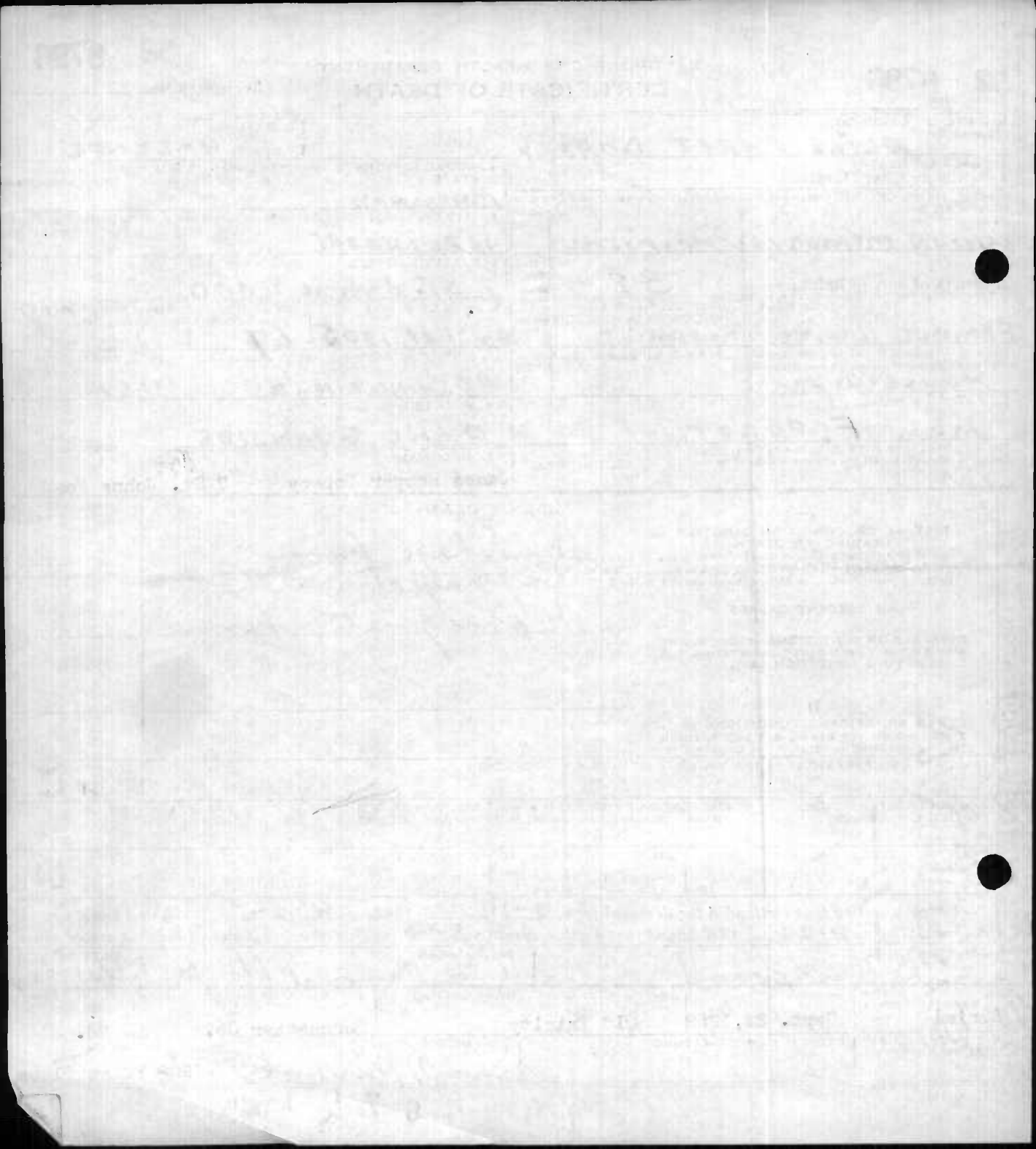
19A. DATE OF OPERATION <b>9-14-1952</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-14-1952** to **9-22-1952**, that I last saw the deceased alive on **9-22-1952**, and that death occurred at **8:30** m., from the causes and on the date stated above.

23A. SIGNATURE <b>J. D. Hubbard</b>	23B. ADDRESS M. D. <b>Union Memorial Hosp.</b>	23C. DATE SIGNED <b>Sept 22, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 24, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Old Trinity</b>	24D. LOCATION (City, town, or county) (State) <b>Dorchester Co. Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons</b>	ADDRESS <b>1900 Eutaw Place</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8797  
Registered No.

52 8797  
BIRTH NO.

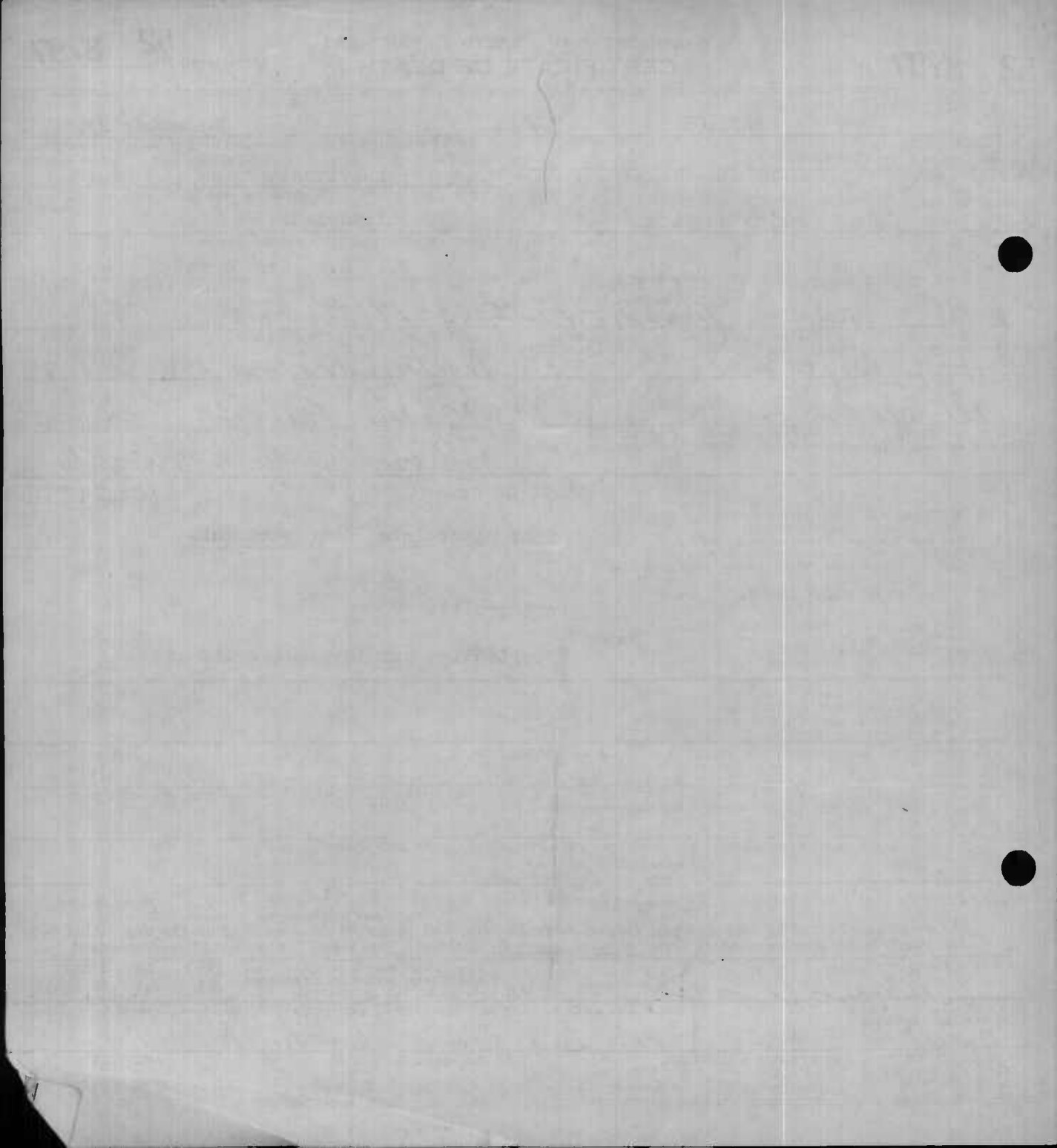
1. NAME OF DECEASED (Type or Print) <b>BEATRICE POWELL</b>		2. DATE OF DEATH <b>September 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Pennsylvania</b> B. COUNTY <b>V-35</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Philadelphia</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1713 N. Alder Street</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-23-1904</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>48</b> If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
13. FATHER'S NAME <b>Al Johnson</b>		11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Molly Austin</b>	
		17. INFORMANT <b>Dempsey Powell</b> ADDRESS <b>1733 N. Alder St.</b>	

18. <b>490x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Right upper lobe lobar pneumonia</b> <b>JOEYX</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Pericarditis</b> <b>MURKX</b>		
(C) <b>Hypertensive cardiovascular disease</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William C. Powell</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Sept. 23, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-28-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Zion Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Littleton, N.C.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>ED 24 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>Charles R. Law</b> ADDRESS <b>802 Madison Ave</b>	



630

52 8798

BALTIMORE CITY HEALTH DEPARTMENT

52 8798

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Grace Byrd

2. DATE  
OF  
DEATH

Sept 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk 22

D. STREET ADDRESS (If rural, give location)

100 Calhoun St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female Colored Widowed

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-21-15

9. AGE (in years,  
last birthday)

37

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Wilson

14. MOTHER'S MAIDEN NAME

Laura Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 463X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis, rt. leg

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17-1952 to 9-22-1952 that I last saw the  
deceased alive on 9-22-1952 and that death occurred at 3:35 p. m., from the causes and on the date stated above.

23. SIGNATURE

Grace J. Ryan

23B. ADDRESS

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 25-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Samuel W. Sullivan, Jr.

ADDRESS

1011 N. Huntington Ave

VS 150

220FA

1011 N. Huntington Ave

MEDICAL CERTIFICATION

See Query reply in Document File



36  
Dr. Kammer  
501 Sheridan  
52 8799  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8799  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JOHN LOUIS FASSDORF</b>			2. DATE OF DEATH <b>Sept. 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4703 Alhambra Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-10</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4703 Alhambra Avenue</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 7, 1895</b>	9. AGE (in years last birthday) <b>56</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supt. Montgomery Ward Co</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>George L. Fassdorf</b> <i>DATE STONE</i>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Mary E. Fassdorf, 4703 Alhambra</b>		

18. <b>199.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma, Generalized, Origin Unknown</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>5 mos</b>	CAUSE OF DEATH <b>Carcinoma, Generalized, Origin Unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May</b> , 19 <b>52</b> , to <b>Sept.</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Sept. 16, 1952</b> , and that death occurred at <b>4 P.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Wm. H. Kammer, Jr.</b>		23B. ADDRESS <b>501 Sheridan Ave.</b>		23C. DATE SIGNED <b>Sept. 23, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/25/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		24E. FUNERAL DIRECTOR ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

WILLIAMSON & COMPANY'S EXHIBITION  
CENTRE-CITY OF DENVER

JOHN J. J. J. J. J.

1890

1891

4700 Alameda Avenue

38

1892

1893

1894

1895

1896

1897

1898

1899

1900

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1908

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1910

1911

100

52 8800

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8800

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Margaret C. Bopp

2. DATE  
OF  
DEATH

Sept 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md

B. COUNTY

before admission)

5. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR  
INSTITUTION

Waverly Clinic (location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-80

D. STREET ADDRESS (If rural, give location)

4709 Eberode Ave

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

female

white

single

6-10-09

43

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

AIRPLANES (M)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

213-09-9656

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Ovary

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 7/30/1952 to 9/23, 1952 that I last saw the  
deceased alive on 9/23, 1952, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 24 1952

Huntington Williams, M.D.

J. Luck

5305 Varford Rd

VS 150

95 390370 8795

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

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ALBANY, N. Y.

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ALBANY, N. Y.

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BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

325  
52 8801

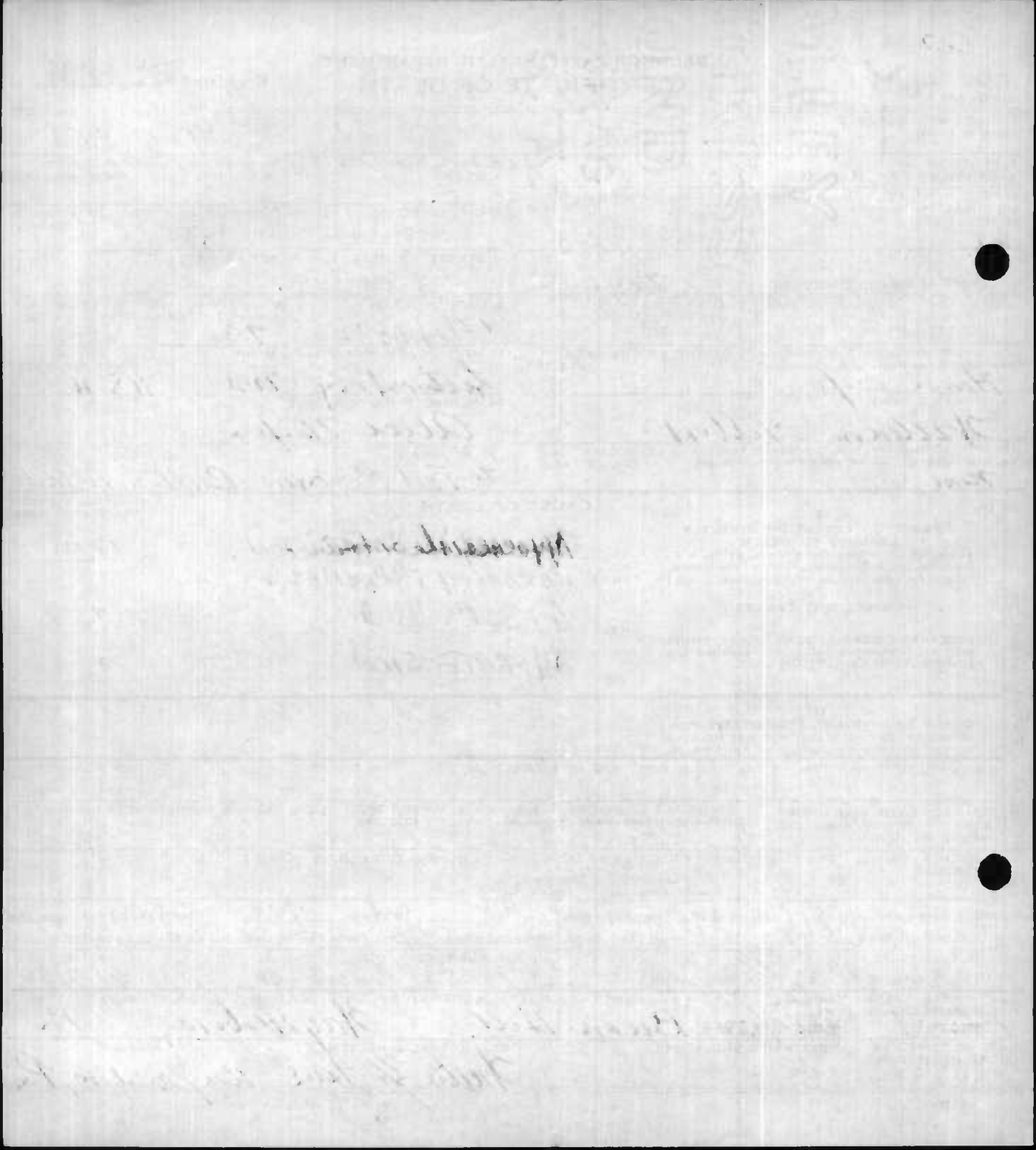
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8801

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Dessie M. Routson		9/19/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 307 Dolphin St.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Md.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
D. STREET ADDRESS (If rural, give location)		307 Dolphin St.	
c. Length of stay in Baltimore		22483	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	12/11/1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Housewife			
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
William Gilbert		Lithsburg Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
no		U.S.A.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
		H. Ted Routson Baltimore, Md.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
DUE TO		(A) Myocardial Infarction	
DUE TO		(B) G. S. C. V. D.	
DUE TO		(C) HYPERTENSION	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 3/28, 1946 to 9/19, 1952, that I last saw the deceased alive on 9/19, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.		23A. SIGNATURE	
		23B. ADDRESS	
		1906 W. Barts. St.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Removal		Sept. 24, 1942	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burrus Hill		Waynesboro, Pa	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
SEP 24 1952		Huntington Williams, H. Walter 3/4 Ave Waynesboro, Pa	

MEDICAL CERTIFICATION

19520208796





452  
52 8802  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8802

1. NAME OF DECEASED (Type or Print) <b>ANNIE M. WALMSLEY</b>		2. DATE OF DEATH <b>9-23-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MD.</b> b. COUNTY <b>BALTO.</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>MD. GEN. HOSP.</b>		c. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore <b>70</b> Yrs. <del>MO.</del> <del>Days</del>		d. STREET ADDRESS (If rural, give location) <b>2701 ALAMEDA BLVD. #18</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>3-11-82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>70</b>
13. FATHER'S NAME <b>HENRY LOMAX</b>		11. BIRTHPLACE (State or foreign country) <b>M.D.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Almira JACKSON</b>	
17. INFORMANT <b>BESSIE W. KALE</b>		ADDRESS <b>2701 ALAMEDA</b>	

## CAUSE OF DEATH

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cirrhosis of liver</b> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Pleural effusion Rt.</b> (B) DUE TO	<b>!</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	

19a. DATE OF OPERATION <b>2</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-18, 1952** to **9-23, 1952**, that I last saw the deceased alive on **9-23, 1952**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Sp. Jui Rice</b> M. D.	23b. ADDRESS <b>MD. General Hosp.</b>	23c. DATE SIGNED <b>Sep. 23 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/26/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Meadowridge Mem. Pk.</b>	24d. LOCATION (City, town, or county) (State) <b>Howard Co., Md.</b>
---	--------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Thos. J. Vignaux &amp; Sons</b>	ADDRESS <b>Balto 17, Md.</b>
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Director of the

Internal Affairs

520  
52 8803BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8803

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Paul Jones, Jr.

2. DATE  
OF  
DEATH

9-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX  
M6. COLOR OR RACE  
W7. SINGLE, (MARRIED)  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

CARROLL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Sykesville (Route #1)

D. STREET ADDRESS (If rural, give location)

Valley View Farm

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

real estate

13. FATHER'S NAME

Harry J. Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL  
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Agnes L. Gorsuch

17. INFORMANT

ADDRESS

Mr. John Paul Jones, Jr.-Route 1, Sykesville

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

(A) Ventricular Fibrillation & Pulmonary  
Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Congestive Heart Failure  
(C) Hypertensive arteriosclerotic Cardiovascular  
DiseaseINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1952, to 9-23, 1952, that I last saw the  
deceased alive on 9-23, 1952, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Ray Pryor, M. D.

23B. ADDRESS

University Hospital 9/23/52

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/26/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

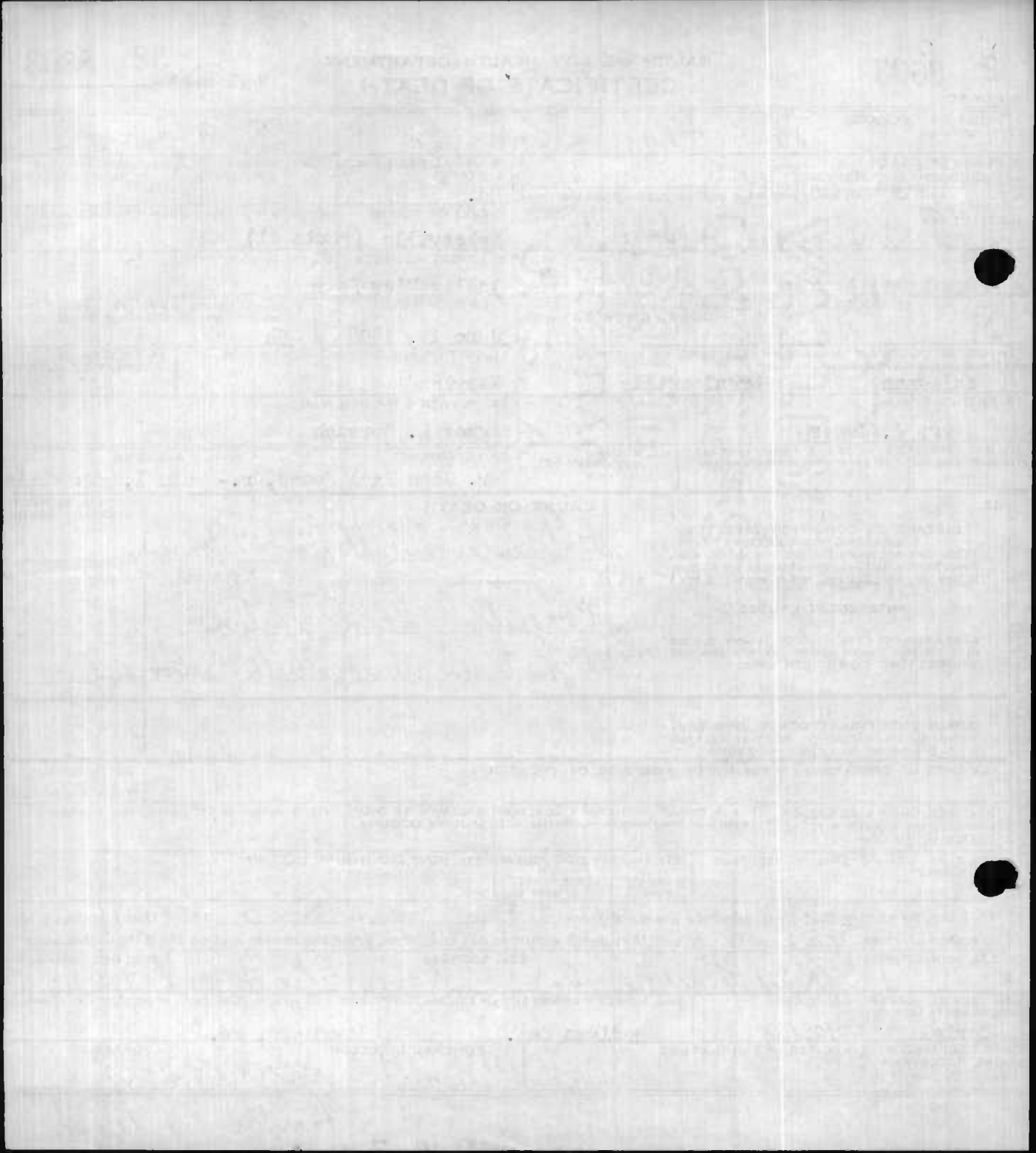
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. J. Vichner &amp; Sons

ADDRESS

Balto 17, Md.



620  
52 8804BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8804  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FLORA GLENN MOWERS</b>			2. DATE OF DEATH <b>Sept. 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>4402 Chatham Rd.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>28-41</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4402 Chatham Rd.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 27, 1882</b>	9. AGE (In years last birthday) <b>69</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		
13. FATHER'S NAME <b>David L. Renfrew</b>			12. CITIZEN OF WHAT COUNTRY? <b>Pennsylvania</b>		
14. MOTHER'S MAIDEN NAME <b>Ida A. Breckenridge</b>			17. INFORMANT <b>Miss Jeanne B. Mowers-4402 Chatham Rd. #7</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>		

18. <b>392.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Aplastic Anemia</b> DUE TO (A) <b>4 yrs.</b>	CAUSE OF DEATH <b>Antero-sclerotic Heart Disease</b> DUE TO (B) <b>6 yrs.</b>	INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>- Chronic Infectious Arthritis -</b>		

19A. DATE OF OPERATION <b>home - 0</b>	19B. MAJOR FINDINGS OF OPERATION <b>-</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 17, 1952**, 1948, to **Sept. 23, 1952**, that I last saw the deceased alive on **Sept. 17, 1952**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Paul L. Chamber</b>	23B. ADDRESS <b>4108 Liberty Hts. C.</b>	23C. DATE SIGNED <b>9/24/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>9/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Old Grave Yard</b>	24D. LOCATION (City, town, or county) (State) <b>Carlisle, Pa.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b>	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. DECEASED'S NAME

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AT HOME



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8805  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ESTHER LORRAINE DOWNES

2. DATE  
OF  
DEATH

Sept. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2326 Rosedale St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2326 Rosedale St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 15, 1882

9. AGE (In years  
last birthday)

70

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William H. Coffin

14. MOTHER'S MAIDEN NAME

Edith Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Carl Hartmetz-2326 Rosedale St.

18. 360X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Diabetes Mellitus

INTERVAL BETWEEN  
ONSET AND DEATH

20 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio - Sclerotic Heart

5 yrs.

(C) DUE TO

Drugs  
cerebral Hemorrhage

4 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Sept. 23, 1952, that I last saw the deceased alive on Sept. 22, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Carl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Hts. C.

23C. DATE SIGNED

9/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/25/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Vickner & Sons

ADDRESS

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death.

145200088000 Balto 17, Md.

7012

CERTIFICATE OF DEATH

Cause of Death

363  
52 8856  
BIRTH NO.

CERTIFICATE CORRECTED 9-26-52

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8806

1. NAME OF DECEASED (Type or Print) <b>Beatrice Queen</b> <b>TINNIE STEWART</b>			2. DATE OF DEATH <b>SEP 21 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>125 N. Amity St.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>5-10-98</b>	9. AGE (In years last birthday) <b>54</b>	10. Under 1 Year Months: Days 10 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>George Queen</b>			14. MOTHER'S MAIDEN NAME <b>Betty Holland</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS		

18. <b>171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>IIemia</b> DUE TO (B) <b>Carcinoma Gx IC 4</b> DUE TO <b>↑ cervix?</b> (C)	INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
---	--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-17-** 19**52**, to **9-21-** 19**52** that I last saw the deceased alive on **9-21-** 19**52**, and that death occurred at **12:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>K. C. Hammann</b>	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED <b>9/21/52</b>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 25, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Stewlers Chapel</b>	24D. LOCATION (City, town, or county) (State) <b>Best Gate, Maryland</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. Reese</b>	ADDRESS <b>108 W. Washington St Annapolis, Maryland</b>
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 8807**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**HELENA JULIA HARTENSTEIN**

2. DATE  
OF  
DEATH

**SEP. 24, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

**UNION MEMORIAL HOSPITAL**

C. Length of stay in Baltimore

Yrs.  
1 Mos.  
13 Days

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**DEC. 30, 1908**

9. AGE (In years  
last birthday)

**43**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**SCHOOL TEACHER**

10B. KIND OF BUSINESS OR  
INDUSTRY

**Teaching**

13. FATHER'S NAME

**PAUL N. HARTENSTEIN**

11. BIRTHPLACE (State or foreign country)

**PENNSYLVANIA**

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

**BESSIE B YOUNG**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**JAKE HARTESTEIN GLEN ROCK, PENNA**

18. **170x**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**EXTENSIVE METASASIS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

**CARCINOMA OF LEFT BREAST**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **AUG. 11**, 19**52**, to **SEP. 24**, 19**52**, that I last saw the  
deceased alive on **SEP. 24**, 19**52**, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**E. E. Drummell Jr.**

M. O.

23B. ADDRESS

**UNION MEMORIAL HOSP.**

23C. DATE SIGNED

**SEP. 24, 1952**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**Sept. 27, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**New Freedom Cemetery**

24D. LOCATION (City, town, or county)

**New Freedom, York Co., Pa.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Jacob Hartenstein, New Freedom, Pa.**

02

02

02

02

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK



351

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8808

BIRTH NO. 52 8808

1. NAME OF DECEASED  
(Type or Print)WHITE  
Robert Stump2. DATE  
OF  
DEATH

Sep. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Virginia

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hayer

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fairfax

D. STREET ADDRESS (If rural, give location)

R.F.D. - 4

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 21, 1879

9. AGE (in years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10B. KIND OF BUSINESS OR INDUSTRY

Law

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John S. Stump

14. MOTHER'S MAIDEN NAME

(ALINE) Alice Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Julia Ford Stump (Wife) Vol.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Pneumonia

DUE TO

5 DAYS

(B) Complete spinal paralysis below T-4

DUE TO

10 DAYS

(C) Prostatic carcinomatosis

1 YEAR

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 9/17, 1952, to 9/24, 1952, that I last saw the deceased alive on 9/24, 1952, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Carlton L. Saylor

M. D.

Johns Hopkins Hospital

9-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/26/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 24 1952

Huntington Williams, M.D.

108 W. North Ave



200  
52 8809BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8809  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edith Fenton Boggs

2. DATE  
OF  
DEATH

Sept 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1700 Park Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Miss Wheeler Home

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female White

6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

Francis P. Boggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

No

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Temperance P. Fenton

17. INFORMANT

ADDRESS

Mr. Fenton Boggs (Bro) Balto. Md.

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage 36 hr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

Hypertension  
Arterio-sclerosis  
MyocarditisGradual  
✓  
✓

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944 to Sept 23, 1952 that I last saw the deceased live on Sept 23, 1952, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. H. Moody

M. D.

23B. ADDRESS

1403 Park Ave

23C. DATE SIGNED

9-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 24 1952

Huntington Williams, M.D.

Stewart-Morris Company

CERTIFICATE OF DEATH

WALLLEY  
CONCELE  
RECEIVED  
FIVEKOT

25240  
8810BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8810

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)GIRARD  
AUBREY E. RUSSELL2. DATE  
OF DEATH Sept. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Pennsylvania Montgomery

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ardmore

D. STREET ADDRESS (If rural, give location)

2932 Berkley Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec-6-1896

9. AGE (In years  
last birthday)

55

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Coffee (A. &amp; P. Co.)

11. BIRTHPLACE (State or foreign country)

Brooklyn, New York

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry L. Russell

14. MOTHER'S MAIDEN NAME

Anna B. ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

557-05-5681

17. INFORMANT

ADDRESS

Mr. Robert L. Peltz, c/o A. &amp; P. Co.

18. 4221

CAUSE OF DEATH

Balto. Md.

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
Sept. 24, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept-25-1952

24C. NAME OF CEMETERY OR CREMATORY

Valley Forge Gardens

24D. LOCATION (City, town, or county)

Valley Forge, Penna.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

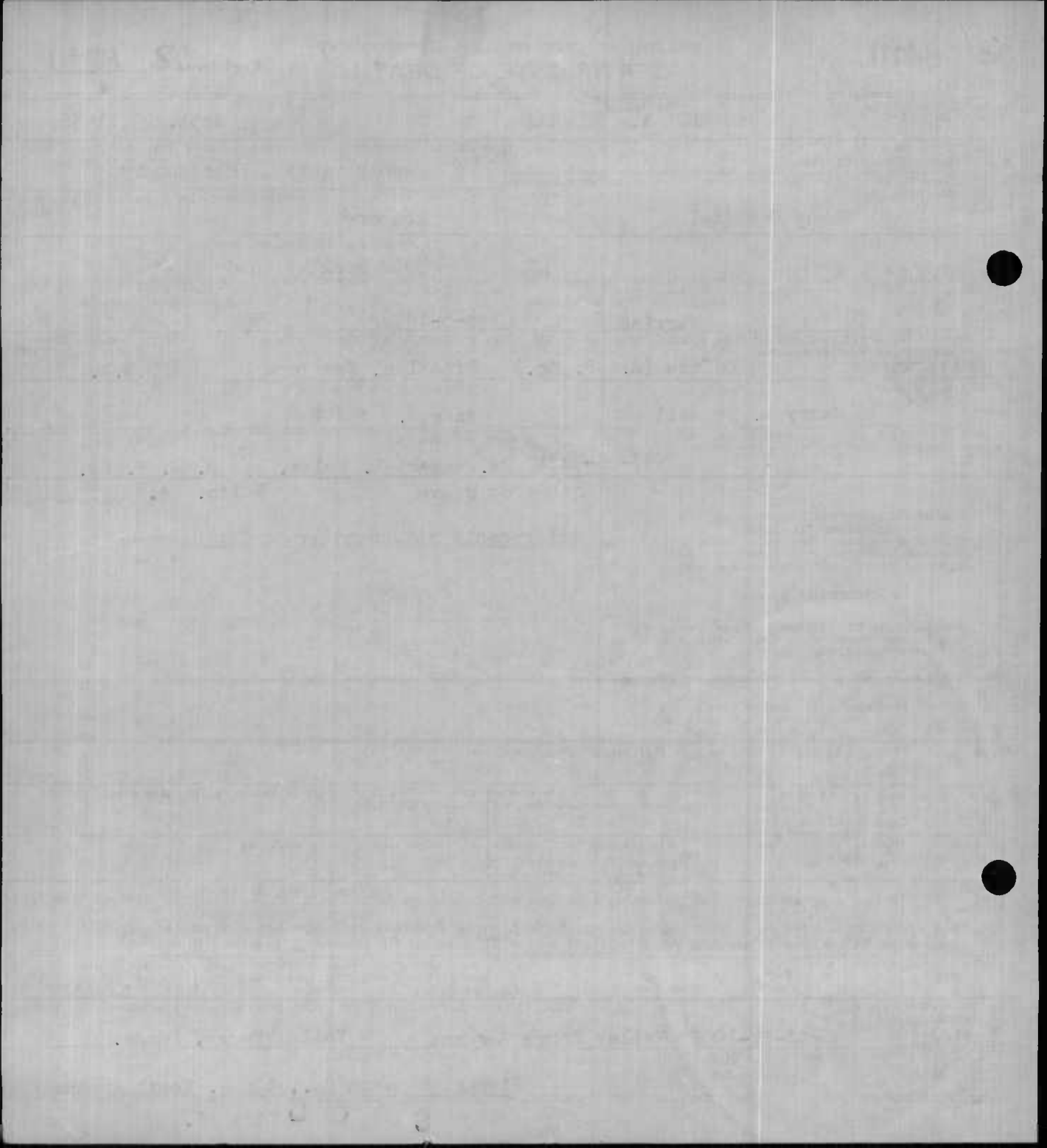
25. FUNERAL DIRECTOR

ADDRESS

Stewart &amp; Mowen Co., 108 W. North Avenue

VS 151

390640 8 8 0 5 City #1.





620  
32 8811BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8811  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary D. Norris

2. DATE  
OF

DEATH Sept. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland, Baltimore Md.  
4909 Haddon Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4909 Haddon Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 18, 1873

9. AGE (In years

last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Catonsville Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Mathew Daley

14. MOTHER'S MAIDEN NAME

Catherine Donahue

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

- - - - -

16. SOCIAL

SECURITY NO.

None

17. INFORMANT

ADDRESS

William H. Norris 4909 Haddon Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

6 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerotic Heart  
Disease

5 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March - 11, 1952, to Sept. 23, 1952, that I last saw the  
deceased alive on Sept. 23, 1952, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chambers

23B. ADDRESS

M. D.

4108 Liberty Hts.

23C. DATE SIGNED

9/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E. Elsworth Pinnacost

SEP 24 1952

4600 Liberty Heights Ave.

MEDICAL CERTIFICATION

158 98

IN THE OFFICE OF THE  
SHERIFF OF THE COUNTY OF  
SHERIFF'S OFFICE

158 98

Received from 3

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8812**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Herbert Burt</b>			2. DATE OF DEATH <b>9.23.52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>210 W. Cold Spring Lane</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY <b>STATE</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bar Wil Bar</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Md. 10-02</b>		
6. Length of stay in Baltimore <b>26 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>906 N. Central Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 13, 1889</b>		9. AGE (In years last birthday) <b>63</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer Unemployed - gen.</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>
13. FATHER'S NAME <b>Samuel Burt</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Laura Burrell</b>			ADDRESS <b>906 N. Central</b>		

18. **422.1 and 260X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6504** m., from the causes and on the date stated above.

23A. SIGNATURE <b>H. P. Johnson</b>	23B. ADDRESS <b>403 Med Arts Bldg</b>	23C. DATE SIGNED <b>9.23.52</b>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>mt Calvary Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>A.A. County Md.</b>
25. FUNERAL DIRECTOR <b>Mr. R. G. Edwards</b>		ADDRESS <b>Daughters</b>	

VS 150

*Created by Dr. R. L. Jackson as med cert in nursing home. 97098 807*

MEDICAL CERTIFICATION

1922

OFFICE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

RELIGION

INDUSTRY

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

RELIGION

INDUSTRY

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

-620

52 8813

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8813

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PRISCILLA MORRIS

2. DATE  
OF  
DEATH

9-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

835 N. CAROLINE ST.

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

835 N. CAROLINE ST

Length of stay in Baltimore

50 YRS

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

3-15-1881

9. AGE (In years  
last birthday)

71

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Aretta Giles, 835 N. CAROLINE

18.

442x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Chronic Cardio-Vascular  
DiseaseINTERVAL BETWEEN  
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from June 10, 1952, to Sept 22, 1952, that I last saw the  
deceased alive on Sept 22, 1952 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. D. Berry

M. D.

23B. ADDRESS

1420 E. Chase

23C. DATE SIGNED

9-24-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-25-52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A.A. County, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

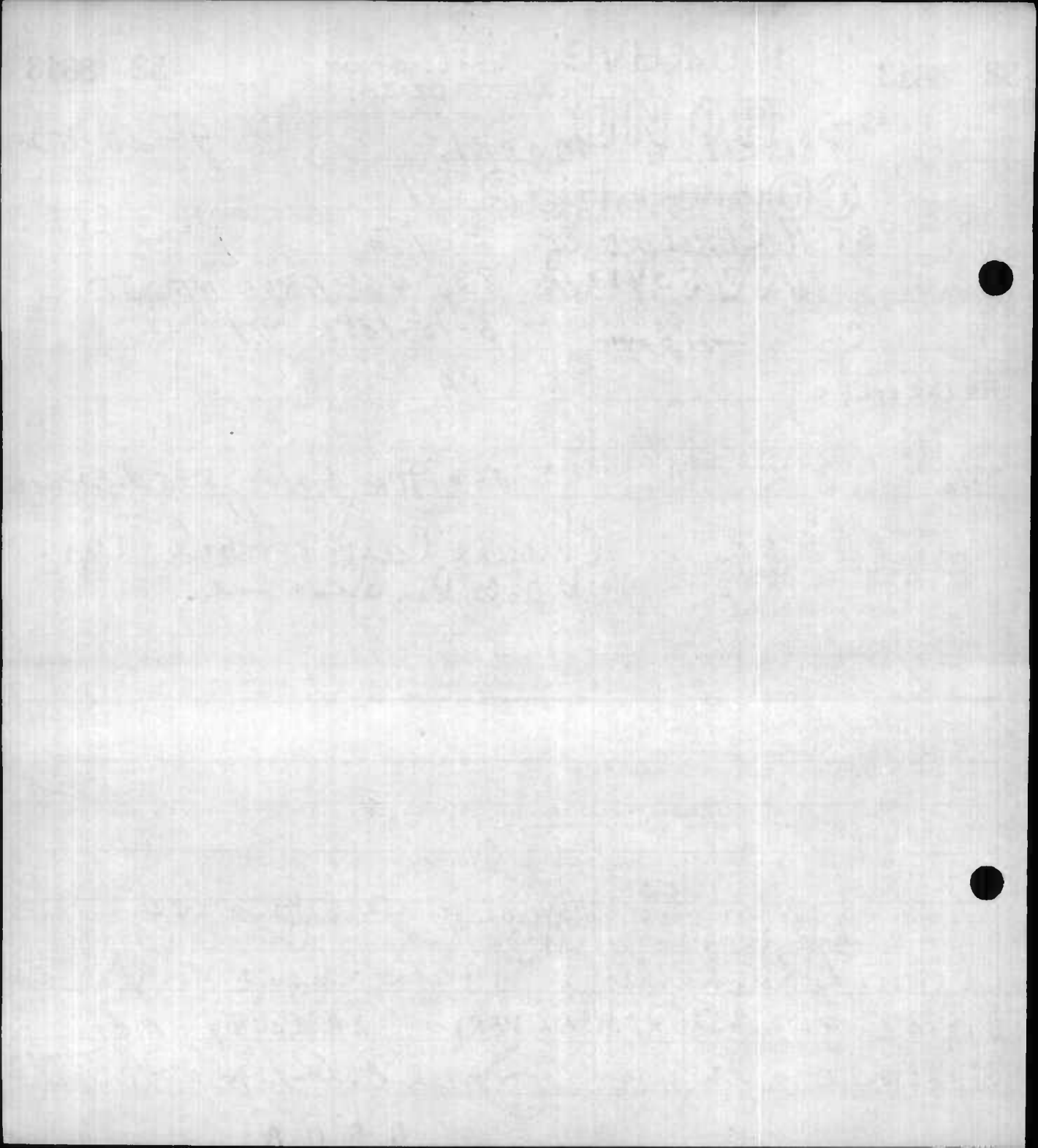
Joseph S. Cook, Jr.

ADDRESS

1304 N. Central Ave

VS 150

MEDICAL CERTIFICATION





-234  
52 8814BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8814

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John Raymond Nestler</b>		2. DATE OF DEATH <b>September 22, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2117 Denison St.</b>		15-47	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 11, 1901</b>	
9. AGE (In years last birthday) <b>50</b>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Administrator-Crawford Nursing Home</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO. <b>114-01-3434</b>	
17. INFORMANT <b>Mrs. Henriette L. Nestler</b>		ADDRESS <b>2117 Denison</b>	
18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis and myocardial infarction</b> DUE TO <b>Coronary artery disease</b> ANTECEDENT CAUSES <b>Generalized arteriosclerosis</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>congestive heart failure</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Left axillary artery embolus</b>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-21</b> , 19 <b>52</b> , to <b>9-22</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-22</b> , 19 <b>52</b> , and that death occurred at <b>12:05 AM.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Virginia Hunter</b>		23B. ADDRESS <b>University Hospital</b>	
23C. DATE SIGNED <b>9/22/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-25-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>G. Howard Strong</b>		ADDRESS <b>3207 W. North Ave.</b>	

UNITED STATES DEPARTMENT OF HEALTH  
CENTRO DE INVESTIGACIONES

REPORT OF THE  
LABORATORY  
ON THE  
RESULTS OF THE  
EXAMINATION OF THE  
SPECIMENS OF  
THE  
PATIENT  
NAMED  
[Name]  
ON THE  
DATE  
[Date]  
BY  
[Name]  
OF THE  
LABORATORY  
OF  
[Name]  
AT  
[Name]  
ON THE  
DATE  
[Date]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8815**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**EMIL E. BARNETT**

2. DATE OF DEATH **Sept. 23, 1952**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**South Baltimore General Hosp.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **Anne Arundel**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Glen Burnie**

D. STREET ADDRESS (If rural, give location)  
**Box 306-Sollers Point Road**

Length of stay in Baltimore

5. SEX **male**

6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**divorced**

8. DATE OF BIRTH  
**Jan. 13, 1918**

9. AGE (in years last birthday) **34**  
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Carpenter**

10B. KIND OF BUSINESS OR INDUSTRY  
**Pier Building**

11. BIRTHPLACE (State or foreign country)  
**Kentucky**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**John R. Barnett**

14. MOTHER'S MAIDEN NAME

**Anna MacMillan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**John R. Barnett, Solley Rd. Glen Burnie**

18. **E 816.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Crushing injury of chest**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**road**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**Pennington Ave. & Harper's Pt. Road**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**Sept. 23, 1952 4:00 P. m.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? **Lost control of car-struck back of truck**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*[Signature]*

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**Sept. 24, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**removal**

24B. DATE  
**9/24/52**

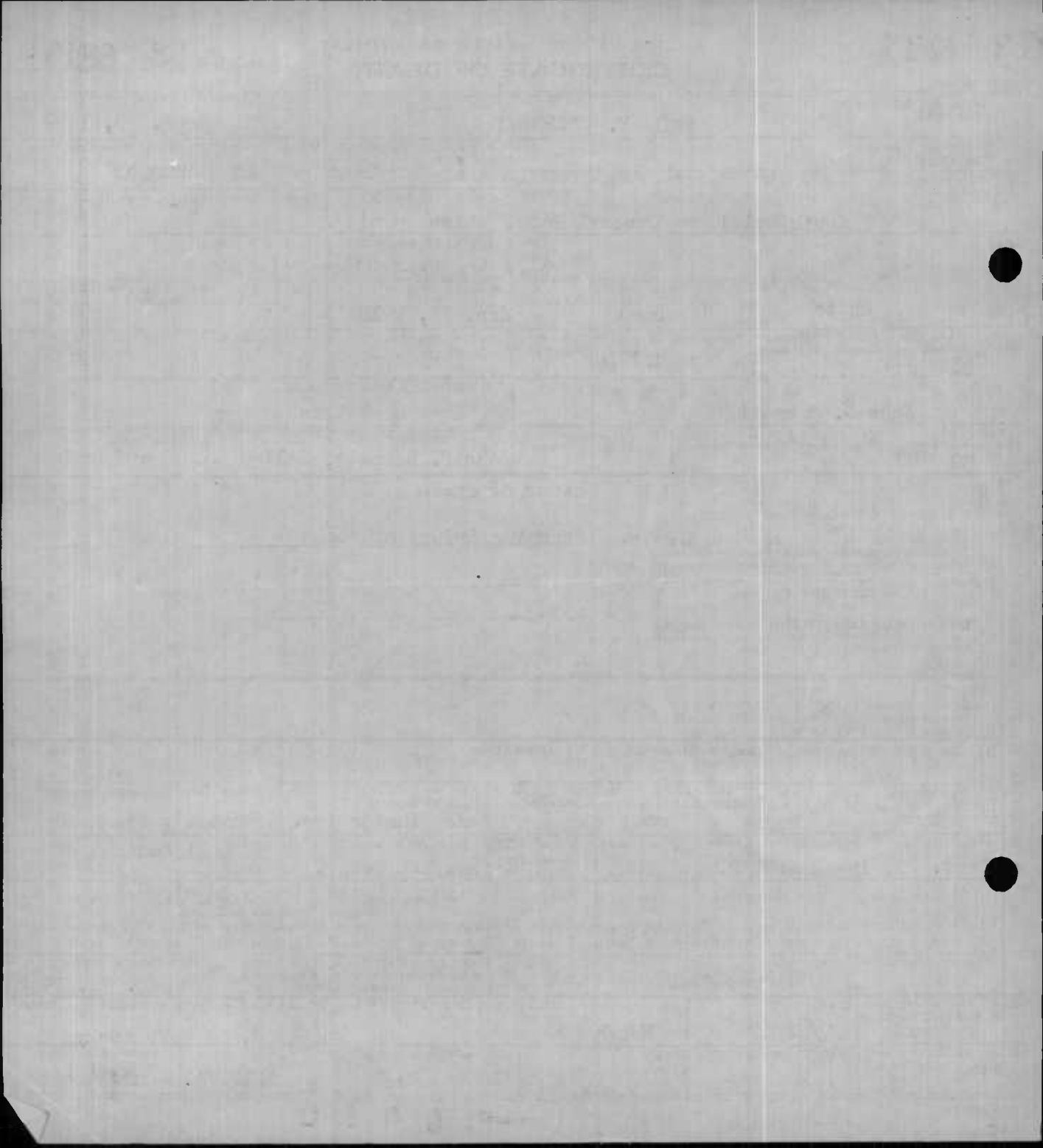
24C. NAME OF CEMETERY OR CREMATORY  
**Morehead**

24D. LOCATION (City, town, or county) (State)  
**Morehead, Kentucky**

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 24 1952**

REGISTRAR'S SIGNATURE  
*[Signature]*

25. FUNERAL DIRECTOR ADDRESS  
**Wm. Cook, Inc., 1217 St. Paul Street**



400  
52 8816BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8816

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Jasper Yewell

2. DATE  
OF  
DEATH

Sept. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)  
Baltimore - 17

D. STREET ADDRESS (If rural, give location)

1510 Park Avenue

Length of stay in Baltimore

71 yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Feb 12, 1881

9. AGE (In years  
last birthday)

71

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR  
INDUSTRY

Painter

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

James J. Yewell

Cousin

14. MOTHER'S MAIDEN NAME

Susan Elizabeth Draper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JAMES L. YEWELL, 2131 E. NORTH AVE.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

4 hrs ?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1952 to Sept 23, 1952, that I last saw the  
deceased alive on Sept 23, 1952, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Craft

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Sept 24, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/27/52

24C. NAME OF CEMETERY OR CREMATORY

MORELAND PARK

24D. LOCATION (City, town, or county)

PARKVILLE, MARYLAND

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 24 1952

Huntington Williams, M. D. Wm. Cook, Inc., 1217 St. Paul Street

25. FUNERAL DIRECTOR

ADDRESS

VS 150

56424 08811

MEDICAL CERTIFICATION

Inventory of  
Plant Materials

1. Name of the plant material  
2. Source of the plant material  
3. Date of collection  
4. Collector's name  
5. Locality  
6. Elevation  
7. Habitat  
8. Use  
9. Remarks

1. Name of the plant material

2. Source of the plant material

3. Date of collection

4. Collector's name

5. Locality



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8817  
Registered No.

-152  
52 8817  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Ursula M. Spencer</b>			2. DATE OF DEATH <b>Sept. 23, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Balto. City, Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>I05 E. West Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. City</b>		
D. STREET ADDRESS (If rural, give location) <b>I05 E. West St.</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>I/8/1877</b>	9. AGE (in years last birthday) <b>75</b>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>Ferdinand Schulz</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS <b>Mary U. Spencer I05 E. West St.</b>		

18. <b>421.4 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Chronic Endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arterio Sclerosis</b>		<b>6 mos.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March 20, 1952</b> to <b>Sept 23, 1952</b> , that I last saw the deceased alive on <b>Sept 23, 1952</b> and that death occurred at <b>6 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>1779 Williams</b>		23C. DATE SIGNED <b>6/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/27/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral</b>	
24D. LOCATION (City, town, or county) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR <b>Flynn &amp; Fleming I426 Light St.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

1113 57

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8818  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>STEINKRAUS</b> <b>Steinkruse, Mamie Elizabeth</b>			2. DATE OF DEATH <b>Sept. 24, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, 18</b>		
D. LENGTH OF STAY IN BALTIMORE <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>2709 Kennedy Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	B. DATE OF BIRTH <b>April 27 - '75</b>		9. AGE (In years last birthday) <b>77</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hwfe.</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>
13. FATHER'S NAME <b>John Eisman</b>			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Chas. F. Steinkraus</b>			ADDRESS <b>2709 Kennedy Ave. Balt. 18, Md.</b>		

18. <b>450.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <b>Congestive failure;</b>		DUE TO		
(B) <b>Generalized arteriosclerosis;</b>		DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Cachexia</b>		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/2**, 1952 to **9/24**, 1952, that I last saw the deceased alive on **9/24**, 1952 and that death occurred **8:25 A.M.** from the causes and on the date stated above.

23A. SIGNATURE <b>Carlo Samol</b>		23B. ADDRESS <b>1100 N. Caroline St.</b>		23C. DATE SIGNED <b>9/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 27-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Frederick Rd. Balt. Md</b>		25. FUNERAL DIRECTOR <b>John J. Connelley</b>		ADDRESS <b>Essex</b>	

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 24 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

9520008813

MEDICAL CERTIFICATION



656  
52 8819  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8819

1. NAME OF DECEASED (Type or Print) <b>HERBERT GREENHORN</b>		2. DATE OF DEATH <b>Sept. 24, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Allegany</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Westernport</b>	
D. STREET ADDRESS (If rural, give location) <b>137 Main Street</b>		5. LENGTH OF STAY IN BALTIMORE <b>?</b>	
6. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 8, 1913</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dredge Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Dredging Business</b>	9. AGE (In years last birthday) <b>39 yrs.</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Piedmont, W. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Greenhorn</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>?</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Wife</b>		ADDRESS <b>137 Main St.; Westernport, Md.</b>	
18. <b>CAUSE OF DEATH</b>			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Drowning</b> DUE TO			
ANTECEDENT CAUSES <b>(B)</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
<b>(C)</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>Sept. 24, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>harbor</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>harbor</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Bethlehem Fairfield Shipyards</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 24, 1952 7:00 A. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <b>Fell over boat into water</b>		22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .	
23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED <b>Sept. 24, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/26/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Philos Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Westernport, Md.</b>	
25. FUNERAL DIRECTOR <b>John A. Moran</b>		ADDRESS <b>3000 E. Baltimore St.</b>	

VS 151

N-990X

1 2 872-042 0 0 0 1 4





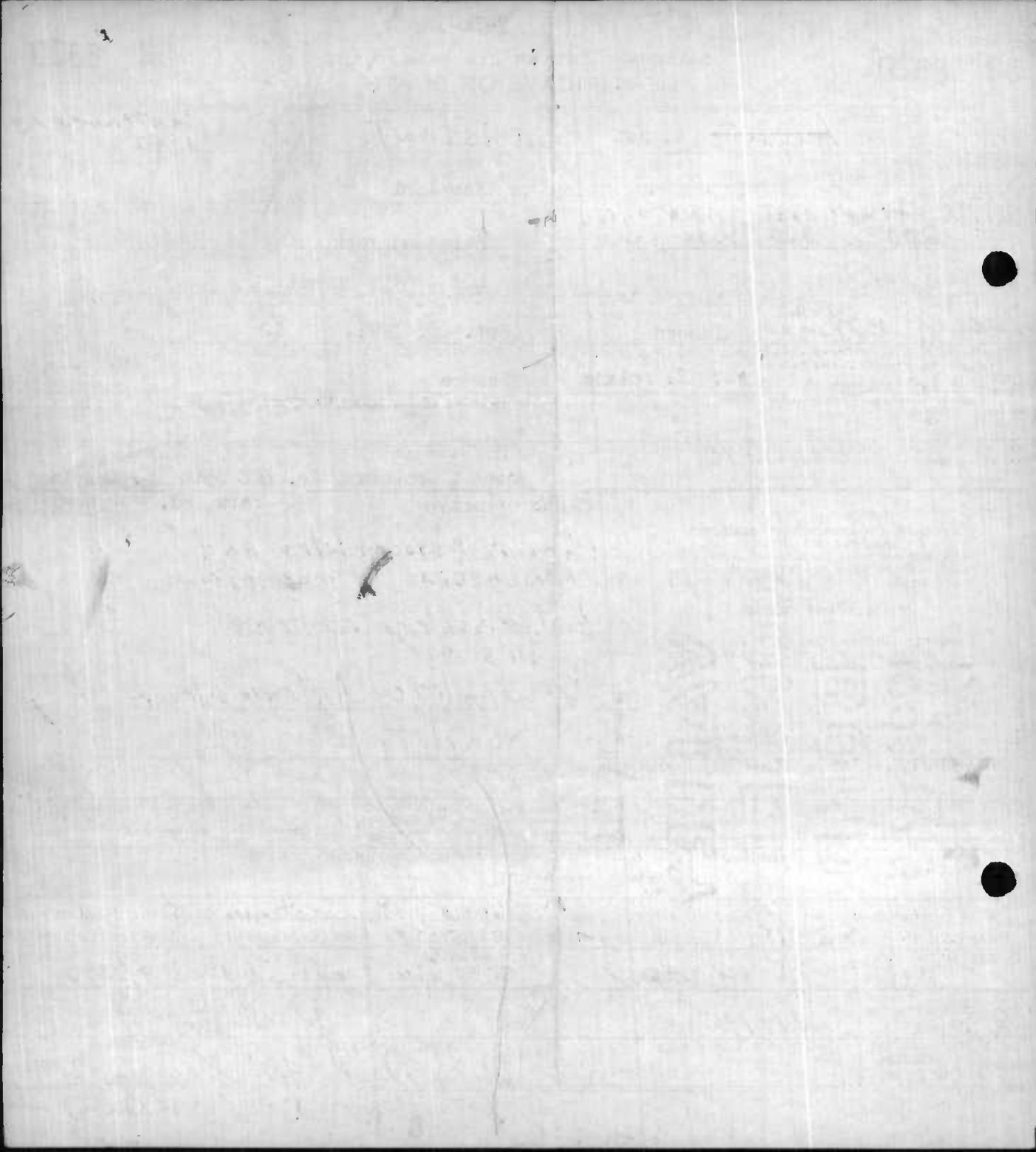
52 8820

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8820  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Auguste August Croissant</b>		2. DATE OF DEATH <b>September 13 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Princess Anne</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Princess Anne Sanatorium 600 S. Chapel Gate Lane</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Maryland Park 66-00</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>408 - 65th Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 20, 1871</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Policeman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>D. C. Police</b>	9. AGE (In years last birthday) <b>82</b>
13. FATHER'S NAME <b>?</b>		11. BIRTHPLACE (State or foreign country) <b>France</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
16. SOCIAL SECURITY NO. <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
17. INFORMANT <b>August Croissant Jr.</b>		ADDRESS <b>408 65th St. Maryland Park, Md.</b>	
18. <b>420.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Myocarditis and MYOCARDIAL Degeneration</b> ANTECEDENT CAUSES <b>Arteriosclerotic Heart Disease</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized Arteriosclerosis</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>?</b>	
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October 10, 1951</b> , to <b>September 13, 1952</b> , that I last saw the deceased alive on <b>Sept 13, 1952</b> , and that death occurred at <b>8:05 Pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Melvin N. Borden</b>	23B. ADDRESS <b>5000 Old Frederick Road</b>	23C. DATE SIGNED <b>9/13/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>Sept. 14 1952</b>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>Washington, D. C.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>W. W. Deal</b> ADDRESS <b>4812 Georgia Ave N.W. Washington D.C.</b>	

MEDICAL CERTIFICATION



53  
52 8821BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8821

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WRIGHT CORANT

2. DATE  
OF  
DEATH

8/24/52

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

911 S. Broadway

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

K

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

N

(If yes, give war or dates of service)

W

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 007X N

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pulmonary tuberculosis  
for advanced

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER...  
ASSISTANT MEDICAL EXAMINER...  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

8/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

VS 151

UNIVERSITY MEDICAL SCHOOL SEP 19 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

1 5 2 0 0 0 8 1 6

Warrant (Corpus Christi)

State of Texas, County of Bexar, ss. I, the undersigned, Clerk of the County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Bexar, Texas.

Attest my hand and seal of office this 1st day of March, 1952.

Notary Public for the State of Texas  
My Comm. Expires 1-1-53

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8822**

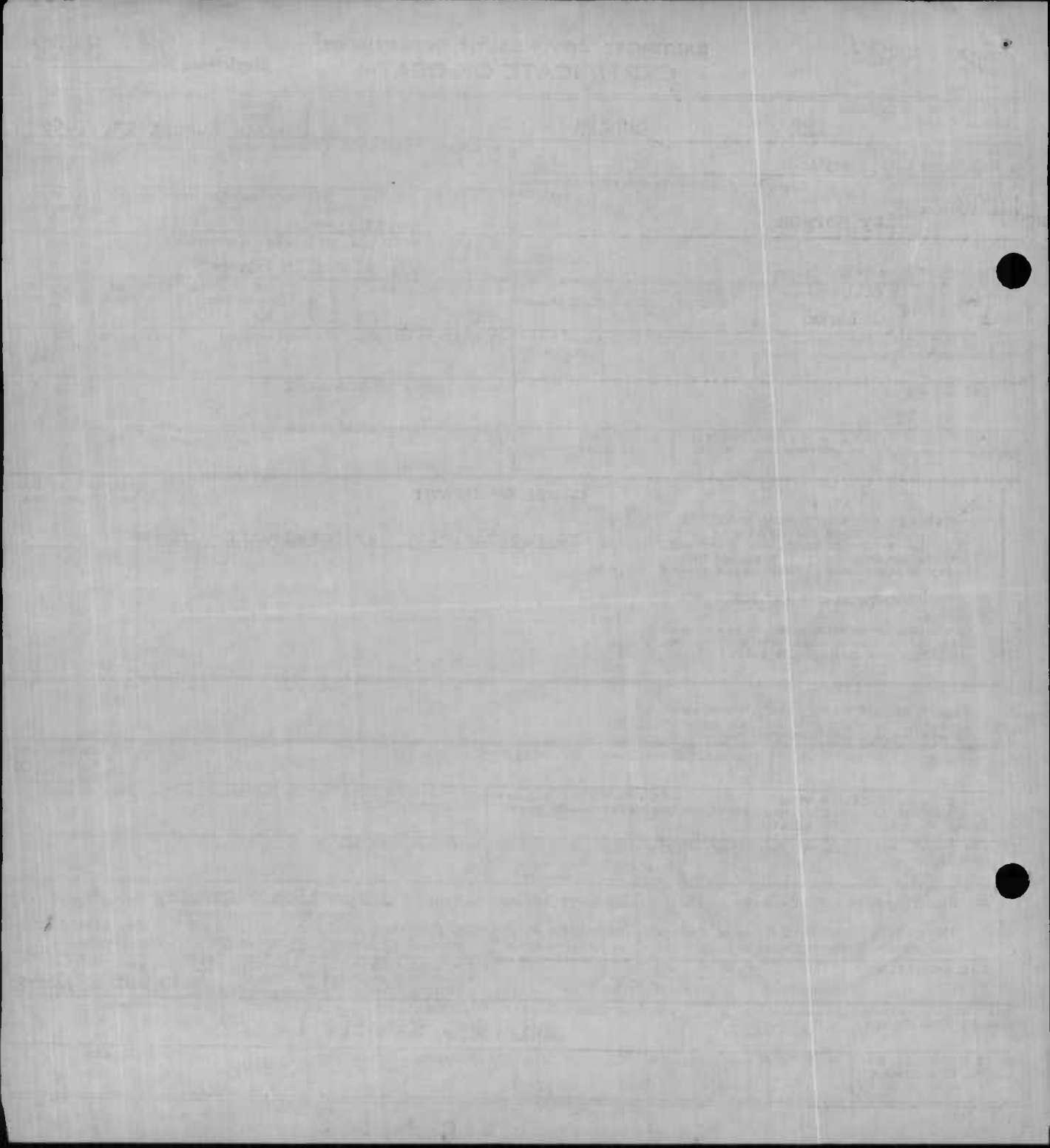
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LEE COLBERT</b>		2. DATE OF DEATH <b>August 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>City Morgue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 5-01</b>	
D. STREET ADDRESS (If rural, give location) <b>401 Aisquith Street</b>		5. AGE (In years last birthday) <b>80</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>U</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>N</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>N</b>		11. BIRTHPLACE (State or foreign country) <b>K</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>W</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>N</b>		ADDRESS	

18. <b>CAUSE OF DEATH</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (A) ..... ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>R. B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>August 23, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>UNIVERSITY MEDICAL SCHOOL</b>	24D. LOCATION (City, town, or county) (State) <b>SEP 19 1952</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <i>H. J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8823**

BIRTH NO. **120**

1. NAME OF DECEASED (Type or Print) <b>OLLIE DAVIS</b>		2. DATE OF DEATH <b>September 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>11-04</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>337 W. Biddle Street</b>		C. CITY OR TOWN (If outside corporate limits, write B.U.M.C. and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>3 Yrs.</b> Yrs. <b>3</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>341 Dolphin Street</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 6. 1924</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Private</b>	9. AGE (In years last birthday) <b>27</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Guy E. Davis</b>		11. BIRTHPLACE (State or foreign country) <b>Homestead Pa.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Mary Method</b>	
17. INFORMANT <b>Eugene H. Davis</b>		ADDRESS <b>4 A N. Braddock Hts.</b>	

18. <b>4201</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William U. Smith* M.D. 23B. CHIEF MEDICAL EXAMINER..... ☐ 23C. DATE SIGNED **Sept. 23, 1952**  
ASSISTANT MEDICAL EXAMINER..... ☒ MEDICAL INVESTIGATOR..... ☐

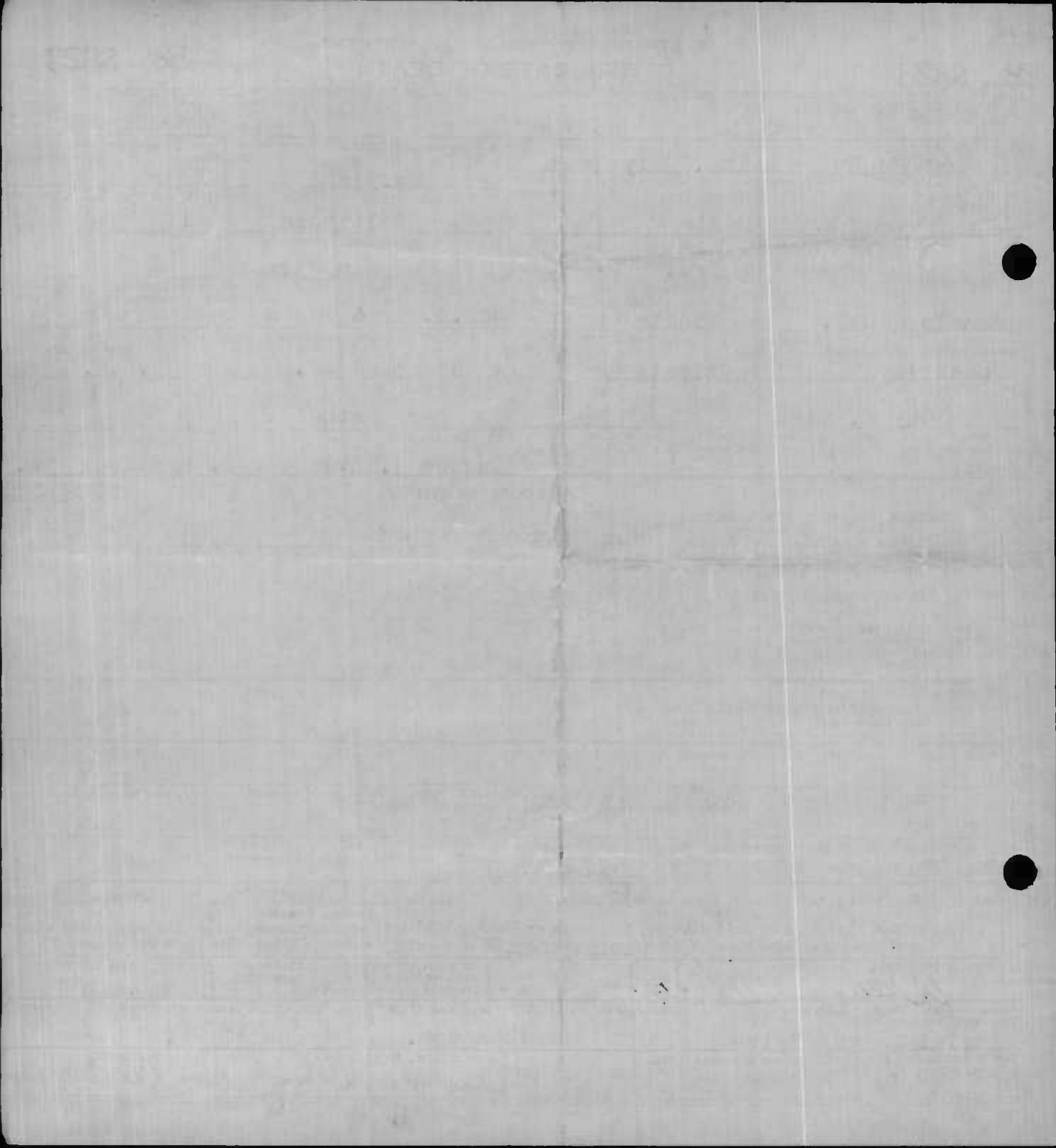
24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/27/1952** 24C. NAME OF CEMETERY OR CREMATORY **North Braddock Cem.** 24D. LOCATION (City, town, or county) (State) **Braddock Pa.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 24 1952** REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR **Ethoy & Wilson** ADDRESS **1000 Beatty Ave**

VS 151 **7208A**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8824  
Registered No. \_\_\_\_\_

BIRTH NO. *172-22188*

1. NAME OF DECEASED  
(Type or Print)

*Baby girl Johnson*

2. DATE  
OF  
DEATH

*SEP 20 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

*MD.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto.*

D. STREET ADDRESS (If rural, give location)

*1404 Mc Elderry*

5. SEX

*female*

6. COLOR OR RACE

*colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*S.*

8. DATE OF BIRTH

*9- -52*

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

*8 1/2*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*MD.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Mary*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

*JOHNS HOPKINS HOSPITAL*

18. *776x I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Pneumonia*

*8 1/2 hrs.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9-19-*, 1952 to *9-20-*, 1952 that I last saw the deceased alive on *9-20-*, 1952, and that death occurred at *7:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 24 1952*

*Huntington Williams, M.D.*

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8825  
Registered No.

BIRTH NO. 2-22189

1. NAME OF DECEASED (Type or Print) <b>Baby boy Johnson "B"</b>		2. DATE OF DEATH <b>SEP 20 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1404 M<sup>e</sup> Elderry St.</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>	
D. STREET ADDRESS (If rural, give location) <b>1404 M<sup>e</sup> Elderry St.</b>		5. SEX <b>male</b>	
6. COLOR OR RACE <b>colored</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	
8. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		9. AGE (In years last birthday) <b>9-19-52</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <b>Mary</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>776 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-20-1952</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **9-19-**, 19**52** to **9-20-**, 19**52** that I last saw the deceased alive on **9-20-**, 19**52** and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Paul M. J. [Signature]</b>	M. D.	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>North [Signature]</b>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>	REGISTRAR'S SIGNATURE <b>William Williams, M.D.</b>	25. FUNERAL DIRECTOR	ADDRESS

UNITED STATES OF AMERICA

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

SEP 1968

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BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. **52 8826**

**52 8826** **2-22173**

1. NAME OF DECEASED (Type or Print) <b>Baby girl Glodney</b>		2. DATE OF DEATH <b>SEP 20 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Harriet Lane Prem. Ins.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>BALTO.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>	
D. STREET ADDRESS (If rural, give location) <b>420 N Eiden ST.</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>9-19-52</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>John Glodney</b>		14. MOTHER'S MAIDEN NAME <b>Mamie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>762.5 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>An Hypoxic</b> DUE TO <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>25 45 hrs</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-19-</b> , 19 <b>52</b> to <b>9-20-</b> , 19 <b>52</b> that I last saw the deceased alive on <b>9-20-</b> , 19 <b>52</b> , and that death occurred at <b>1145 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Paul M. Taylor</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <b>Northwood</b>	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS	

INSTITUTE OF HEALTH  
CERTIFICATE OF DEATH

2000

Name of Deceased		Sex		Age		Date of Death	
John Doe		Male		45		10/15/1918	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
New York City		New York City		Heart Disease		Natural	
Occupation		Education		Physician's Signature		Registrar's Signature	
Teacher		High School		J. H. Smith		A. B. Jones	
Date of Burial		Place of Burial		Name of Burial Place		Name of Minister	
10/20/1918		Cemetery		Cemetery		Rev. Mr. Brown	
Name of Informant		Relationship to Deceased		Signature of Informant		Date of Statement	
John Doe		Son		J. H. Smith		10/15/1918	

620  
52 8827

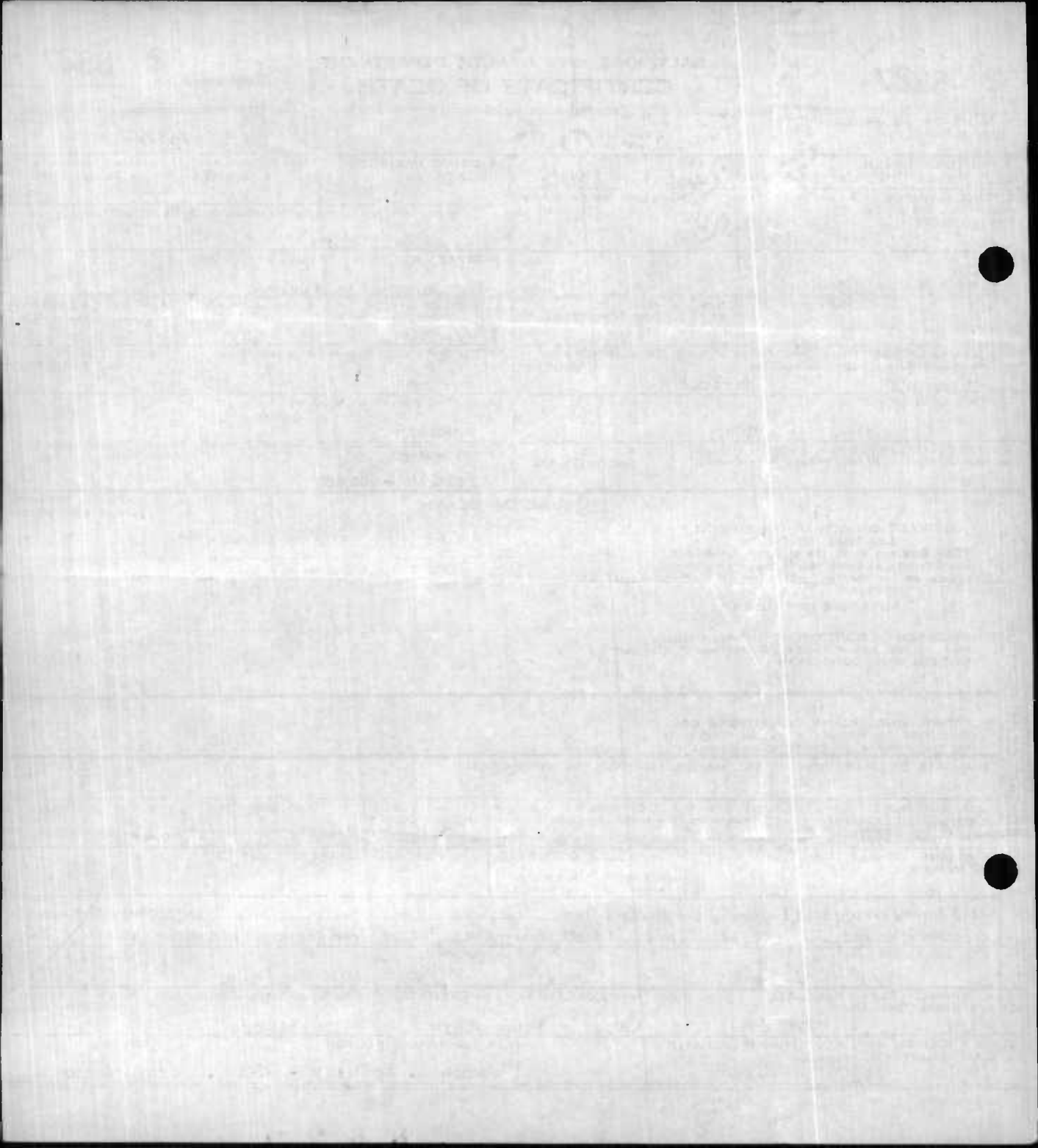
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8827  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>VERONIKA DURIKA</b>			2. DATE OF DEATH <b>9/21/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>410 Annabelle Avenue</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>410 Annabelle Avenue</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>7/7/1863</b>	9. AGE (In years last birthday) <b>89</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Europe</b>	
13. FATHER'S NAME <b>Unknown</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Family - Same</b>			ADDRESS		

18. <b>I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anterior death C.V. disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Bronchopneumonia</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 1950</b> to <b>Sept. 21, 1952</b> , that I last saw the deceased alive on <b>Sept. 21, 1952</b> , and that death occurred at <b>9 p. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>H. J. Fehder</b>		23B. ADDRESS <b>4700 Pennington Ave</b>		23C. DATE SIGNED <b>Sept. 22, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24B. DATE <b>9/25/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		25. FUNERAL DIRECTOR <b>James L. McCully - 130 E. Fort Avenue</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			



425  
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

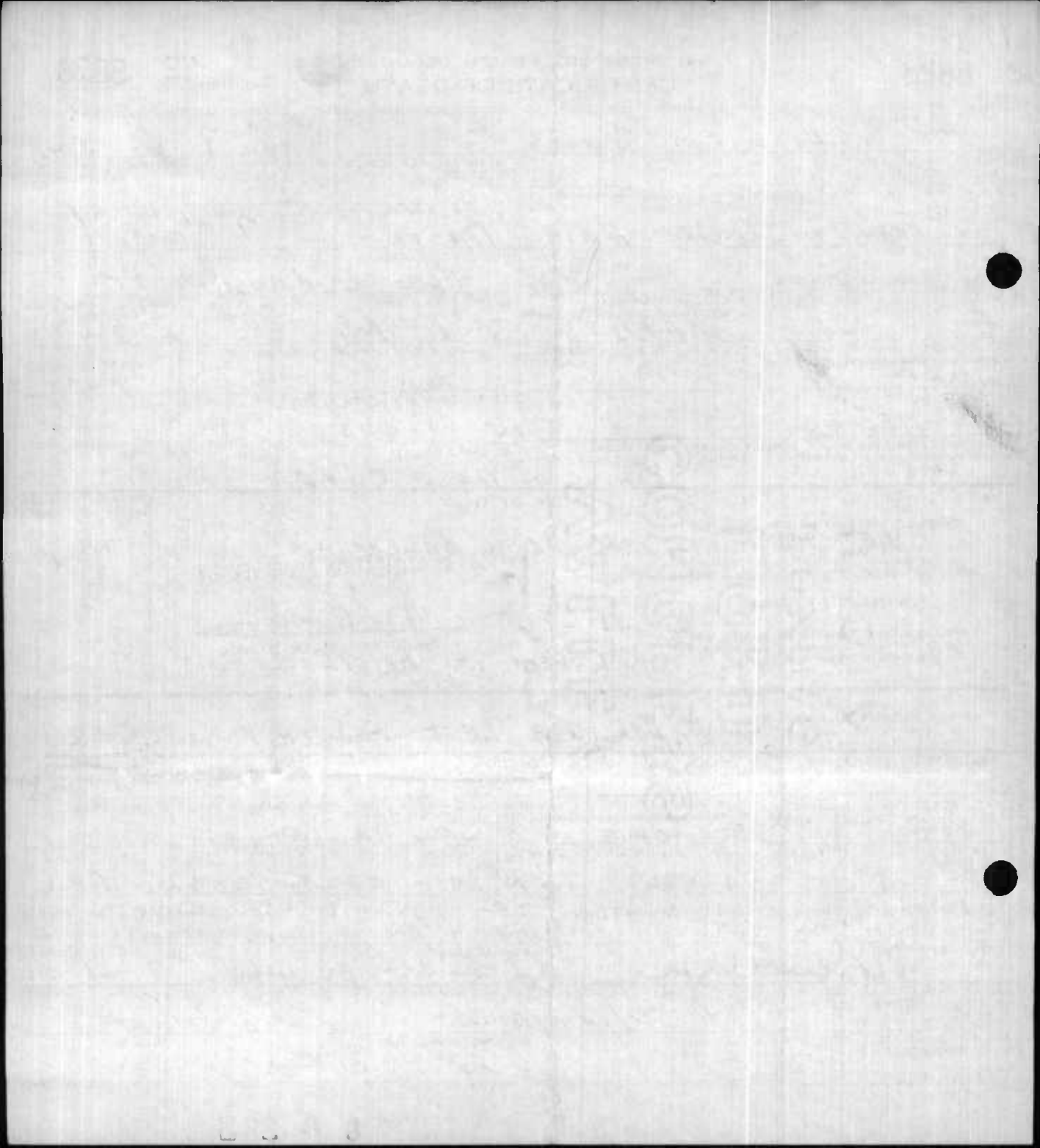
Registered No. 52 8828

BIRTH NO.			1. NAME OF DECEASED (Type or Print) CLISHAM, JULIA E.			2. DATE OF DEATH 9-23-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP			C. CITY OR TOWN BALTO			(If outside corporate limits, write RURAL and give township) 24-04		
Length of stay in Baltimore 18 Yrs. 2 Mos. 18 Days			D. STREET ADDRESS (If rural, give location) 506 E. RANDALL ST.					
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-4-1869	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) MD		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWP			10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME G. ENGLEHART			14. MOTHER'S MAIDEN NAME M.E. WURST					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. UNKNOWN			17. INFORMANT HOSP. CHART		

18. 443X and E 904.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) HCUO DUE TO (C) GENERALIZED ARTERIOSCLEROSIS		CERTIFICATION APPROVED BY R. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER.	INTERVAL BETWEEN ONSET AND DEATH 7 day ? ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE LEFT FEMUR PATHOLOGICAL CPROBT'S DISEASE			
19A. DATE OF OPERATION 9		19B. MAJOR FINDINGS OF OPERATION CPROBT'S DISEASE	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH X	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) AT HOME	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 506 RANDALL ST 244	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-10-52 10 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? LOST BALANCE AND FALL	

22. I hereby certify that I attended the deceased from 8-10-1952 to 9-23-1952, that I last saw the deceased alive on 9-22-1952, and that death occurred at 4:01 A.M., from the causes and on the date stated above.			
23A. SIGNATURE M. S. S. S. S.		23B. ADDRESS Franklin Sq. Hosp	
23C. DATE SIGNED 9-22-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 9. 26. 52	24C. NAME OF CEMETERY OR CREMATORY WOODLAWN	24D. LOCATION (City, town, or county) (State) BALTIMORE
DATE RECEIVED BY LOCAL REGISTRAR SEP 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR L. S. S.	ADDRESS





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52 8829

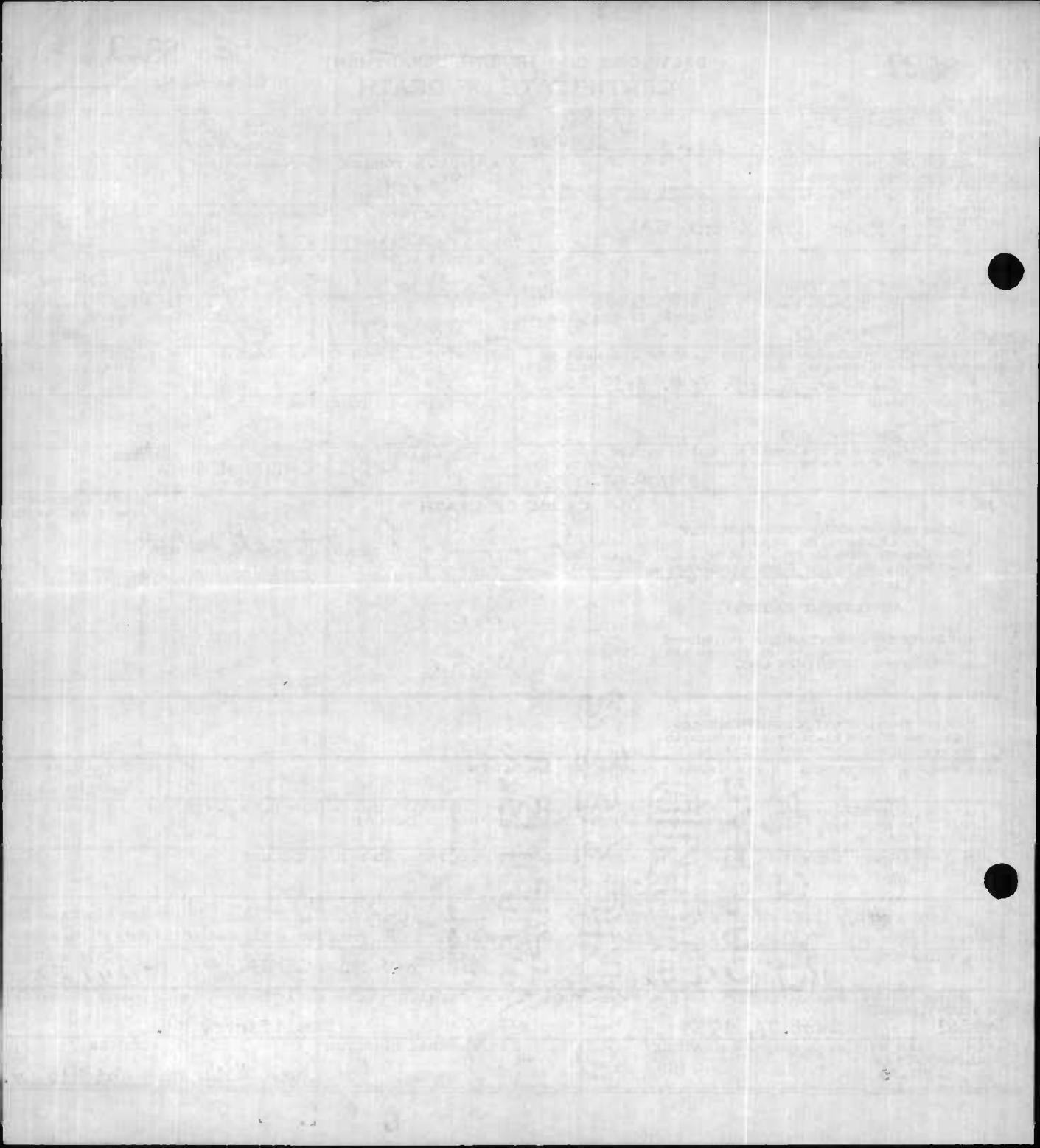
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8829  
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Francis Perry</i>	
2. DATE OF DEATH <i>Sept. 24, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 27-10</i>	
D. STREET ADDRESS (If rural, give location) <i>519 E. Cold Spring Lane</i>	
Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <i>6-4-91</i>	
9. AGE (In years last birthday) <i>61</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>B. &amp; O. Rail Road</i>	
11. BIRTHPLACE (State or foreign country) <i>md</i>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>W. Francis Perry</i>	
14. MOTHER'S MAIDEN NAME <i>Josephine Pegelow</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>705-03-9410</i>	
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. <i>177X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Prostate with metast.</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Same</i> <i>Same</i> DUE TO (C)	
INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/11</i> to <i>9/24</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9/24</i> , 19 <i>52</i> , and that death occurred at <i>11:25</i> m., from the causes and on the date stated above.	
23A. SIGNATURE <i>R. P. Elby Finner</i>	
23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED <i>9/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>Sept. 27, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 25 1952</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR ADDRESS <i>4611 Park Heights Av.</i>	

MEDICAL CERTIFICATION

508-50008824



1030  
52 8830BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8830  
Registered No.

BIRTH NO.

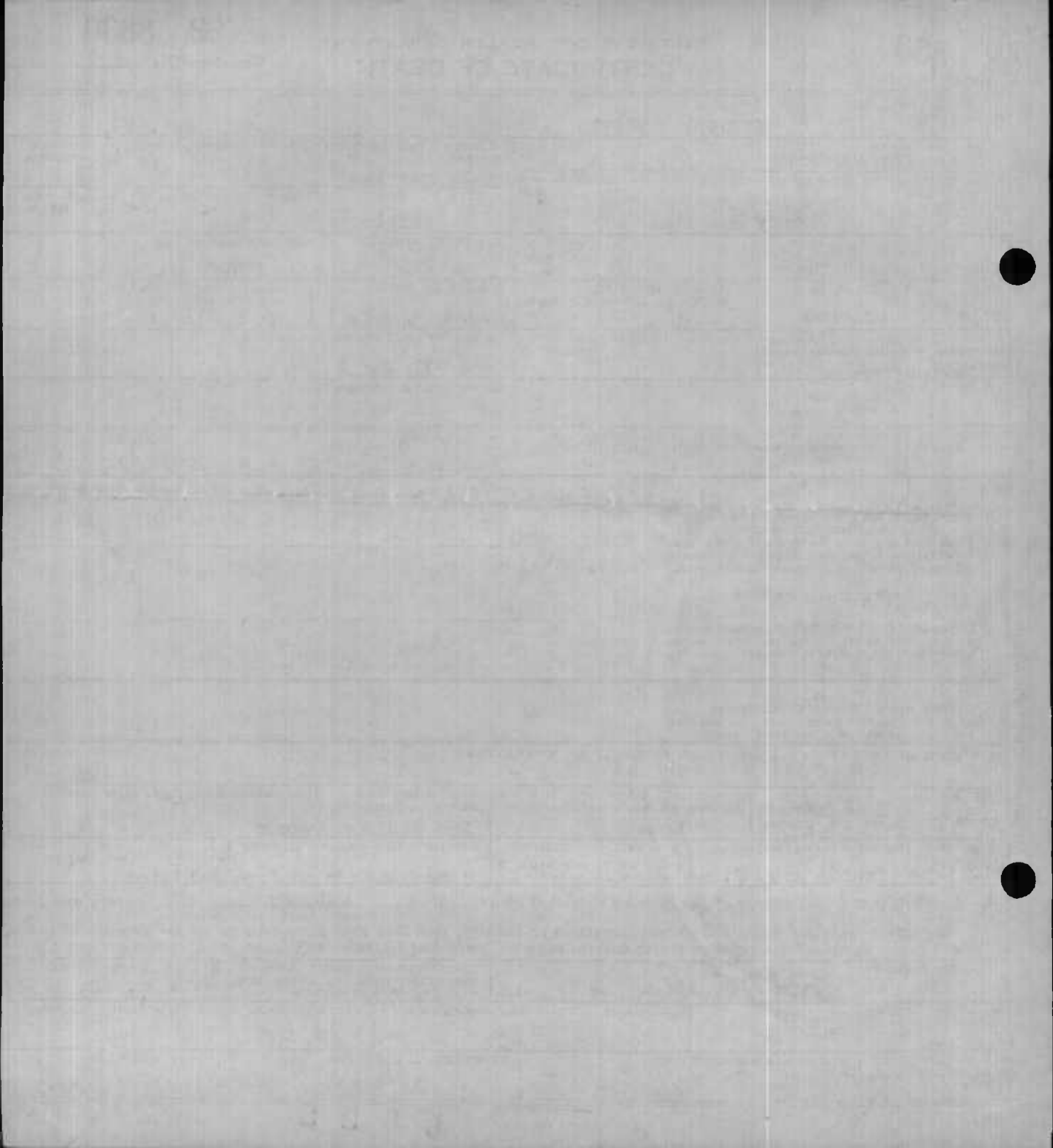
1. NAME OF DECEASED (Type or Print)		ANTONIO BRITTO		2. DATE OF DEATH Sept. 23, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2265 Madison Avenue			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH June 13, 1989	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Portugal	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Frank Britto 636 Mosher St	
18. E974X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO hanging		CAUSE OF DEATH			
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2265 Madison Avenue	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-23-52 (found) 4:00 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hanged self by window sash rope from banister	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE R. Fisher		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED Sept. 24, 1952	
24a. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24b. DATE 9-26-52		24c. NAME OF CEMETERY OR CREMATORY arbutus	
24d. LOCATION (City, town, or county) (State) md		24e. FUNERAL DIRECTOR Geo S. Kelson		24f. ADDRESS 1303 prustman st	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8831**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**SOL J. GREIF**

2. DATE  
OF DEATH

**24 Sept 52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Lutheran Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Balto.**

D. STREET ADDRESS (If rural, give location)

**3700 Callaway Ave #15**

Length of stay in Baltimore

**46 years**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**5-24-02**

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

**50**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Trucker**

10B. KIND OF BUSINESS OR INDUSTRY

**Proprietor**

11. BIRTHPLACE (State or foreign country)

**Russia**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Harry Greif**

14. MOTHER'S MAIDEN NAME

**Eva Weitzman**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or no; oo = no)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mrs. Miriam Greif 3700 Callaway Avenue**

18. **470.0 and 260X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

**Myocardial infarction**

INTERVAL BETWEEN ONSET AND DEATH

**2 hrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

**Arteriosclerotic heart disease**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Diabetes mellitus; Peptic ulcer**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **24 Sept**, 19**52**, to **Same**, 19**52**, that I last saw the deceased alive on **Same**, 19**52**, and that death occurred at **4:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**M. S. Paulys**

M. D.

23B. ADDRESS

**Lutheran Hosp.**

23C. DATE SIGNED

**24 Sept 52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9-25-52**

24C. NAME OF CEMETERY OR CREMATORY

**Beth Tfiloh Congregation**

24D. LOCATION (City, town, or county) (State)

**Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Thurston Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS (17)

**Sol Levinson & Bros. 1124-26 N. North Ave**

**SEP 25 1952**





455

52 8832  
BIRTH NO. 52-18381BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8832

1. NAME OF DECEASED (Type or Print) <b>BABy BOY FLEMING</b>			2. DATE OF DEATH <b>30 JULY, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>9-01</b>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSPITAL</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
d. STREET ADDRESS (If rural, give location) <b>3926 Rexmere Rd.</b>			e. Length of stay in Baltimore Yrs. <b>1</b> Mos. <b>1</b> Days <b>1</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>29 JULY 1952</b>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days <b>23 52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BABy</b>			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>THOMAS DOUGLAS FLEMING</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			14. MOTHER'S MAIDEN NAME <b>EMILIE LOU SCHUEMAN</b>		
17. INFORMANT			ADDRESS		

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **7625 I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **PULMONARY ATALECTASIS****23 hrs. 52 min.**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **PREMATURITY**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from **29 July**, 19**52**, to **July 30**, 19**52**, that I last saw the deceased alive on **30 July**, 19**52**, and that death occurred at **11 AM** m., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED  
**18 August 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

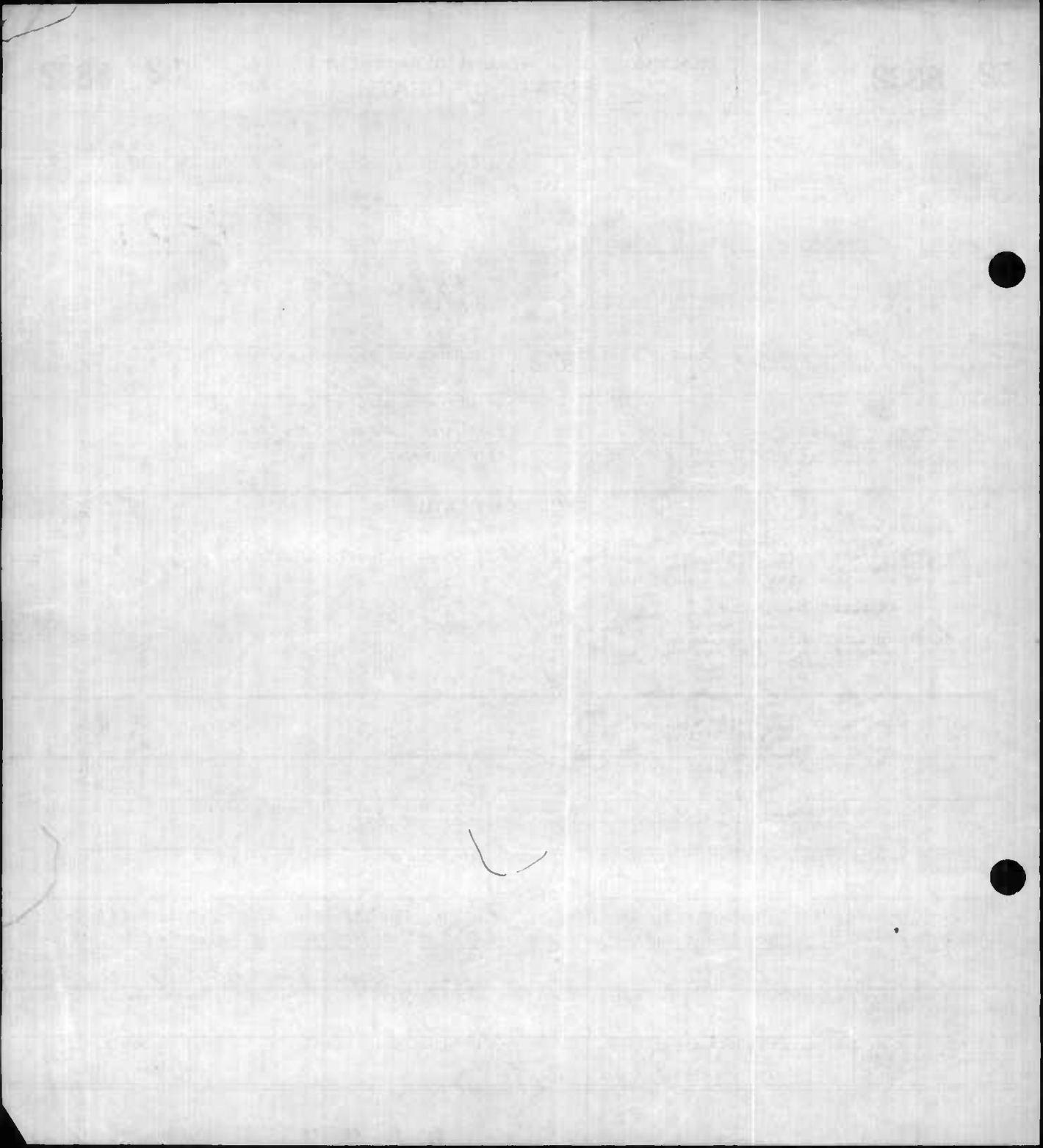
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 25 1952

Huntington Williams, M.D.



230  
52 8833BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8833

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nabel Bacoat

2. DATE  
OF  
DEATH

Sept. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

30 yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-2-18 97

9. AGE (In years  
last birthday)

35

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Daimo John

14. MOTHER'S MAIDEN NAME

Luvenia Cosman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

21 days

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac decompensation

19A. DATE OF OPERATION

8/29/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Ovary &amp; Ovarian metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1952, to 9/24, 1952 that I last saw the  
deceased alive on 9/24, 1952, and that death occurred at 10:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Lammiman

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial Sept. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus mem Park Arbutus Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 25 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert G. Elliott &amp; Daugh

1129 N. Caroline St

8200

RECEIVED

OFFICE OF THE SECRETARY

1900

11 11

11

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11

636

AB-161157

8834

CERTIFICATE CORRECTED 10/6/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 8834

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clarence Hardrick

2. DATE  
OF  
DEATH

9-24-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1307 E. Biddle St.

c. Length of stay in Baltimore

9yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 30-1940

9. AGE (in years

last birthday)

11

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clarence Hardrick

14. MOTHER'S MAIDEN NAME

Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 401.3 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

10days

DUE TO

ANTECEDENT CAUSES

Active rheumatic carditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic Heart Disease

3yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17-1952, to 9-24-1952, that I last saw the deceased alive on 9-24-1952, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Hunter, M.D.

M. O.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-24-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Date RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 25 1952

Huntington Williams, M.D.

Mrs. Robert &amp; Elliot &amp; Daughter

VS 150

1429 N. Calverton St.

MEDICAL CERTIFICATION

See query reply in Document File 52-8834

10/6/52 ES

10/6/52 ES





DEPARTMENT OF DEATH

W. BOOTH

BOOTH CITY

BOOTH CITY

BOOTH CITY

BOOTH CITY

BOOTH CITY

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BOOTH CITY

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **58-8836**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EVA MAY HARTLOVE</b>			2. DATE OF DEATH <b>Sept. 23, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hosp.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <b>1645 N. Smallwood St.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 20, 1886</b>	9. AGE (In years last birthday) <b>66</b>	If Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Lilly</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Caroline Herr-119 Mallow Hill Rd.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Thrombosis Coronary</b> DUE TO (B) <b>Coronary Sclerosis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>years</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9/23/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/10, 1951</b> , to <b>9/23, 1952</b> , that I last saw the deceased alive on <b>9/23, 1952</b> , and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Mendelsohn</b>		23B. ADDRESS <b>651 N. Bentallou</b>		23C. DATE SIGNED <b>9/24/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>A. A. Co., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Vickner &amp; Sons</b>	

**1952010888 Burto 17, Md.**



146  
52 8837

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8837  
Registered No.

BIRTH NO. 52-22466		2. DATE OF DEATH 9.24.52	
1. NAME OF DECEASED (Type or Print) Baby Boy Kappler 'Don'			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 53-54	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore ESSEX	
5. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 600 Seena Road	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH 9.24.52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10B. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Robert Kappler		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Margaret Hanna	
17. INFORMANT Father		ADDRESS Seena Road	

18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Prematurity - (28 weeks pregnancy)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cerebral Anoxemia	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9.24 (12 AM) 1952 to 9.24 (7 AM) 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 7:55 AM, from the causes and on the date stated above.				
23A. SIGNATURE Israel Rosen		23B. ADDRESS 2413 E. Monument St		23C. DATE SIGNED 9.24.52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 25/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Balto. 29, Md.	
25. FUNERAL DIRECTOR		ADDRESS		
Huntington Williams, M.D.		Harry H. Wipke		
4101 Edmondson Ave		Balto. 29, Md.		

19520000

Presenting - (Photography)  
Cultural Center

2438 W. 14th St.

Wash. D.C.



240  
52 8838

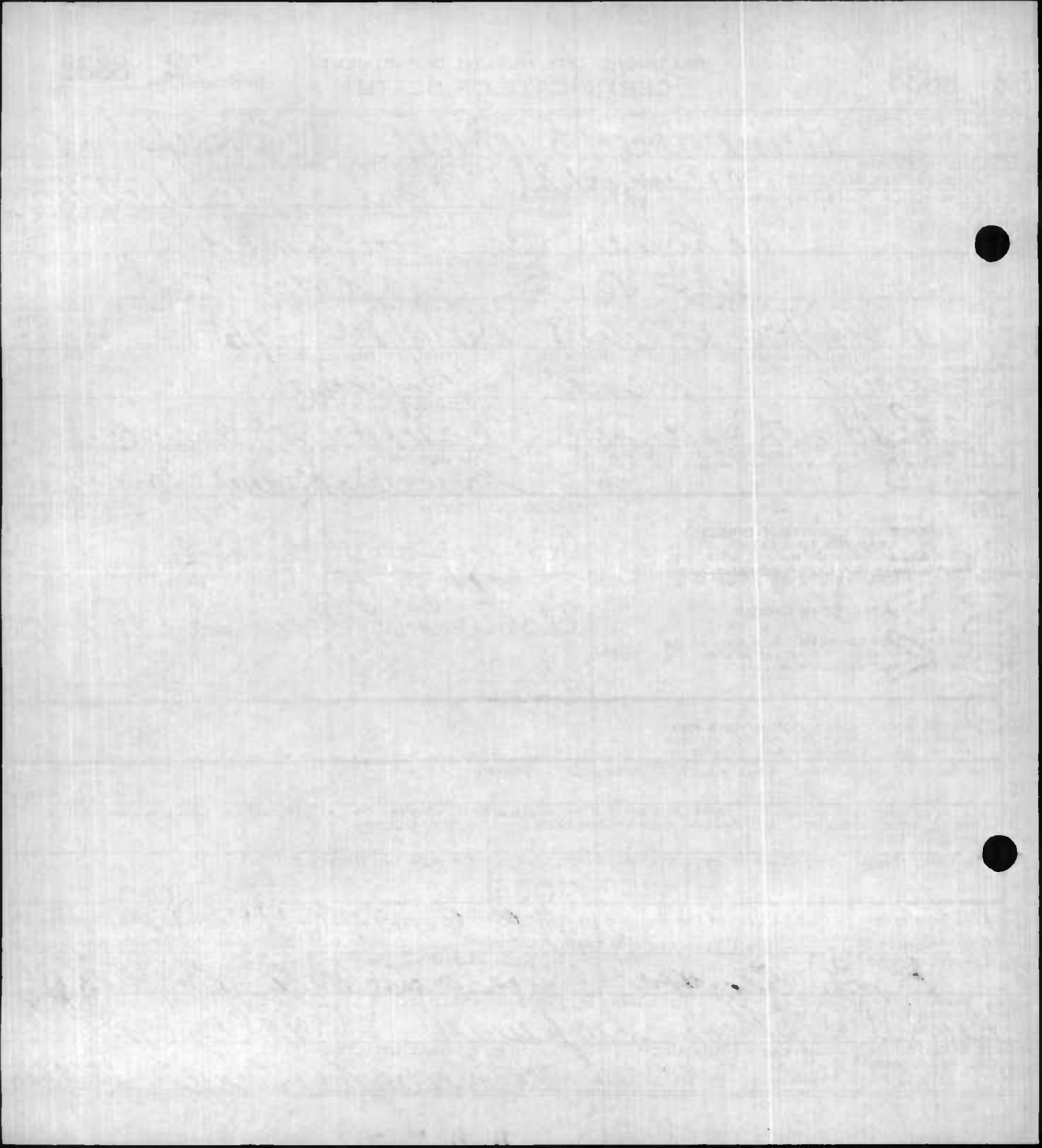
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8838  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Aline Rose Buckley</i>		2. DATE OF DEATH <i>Sept 24-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1707 Regent Rd</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1707 Regent Rd</i>	
c. Length of stay in Baltimore <i>abt- 50</i>		8. DATE OF BIRTH <i>Sept 4/1876</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	9. AGE (In years last birthday) <i>76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Could not ascertain</i>		14. MOTHER'S MAIDEN NAME <i>Could not ascertain</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Manon Cook (nie)</i>		ADDRESS <i>York Rd</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchopneumonia</i>		CAUSE OF DEATH (A) <i>Bronchopneumonia</i> DUE TO (B) <i>Asterio-Sclerous</i> DUE TO (C) <i>10 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 2, 1952</i> and that I last saw the deceased alive on <i>June 2, 1952</i> and that death occurred at <i>10:30 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. P. Henderson</i>		23B. ADDRESS <i>1707 Regent Rd</i>	
23C. DATE SIGNED <i>Sept 27/52</i>		23D. M. D. <i>1707 Regent Rd</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 27/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Hopewell</i>		24D. LOCATION (City, town, or county) <i>Cecil Co. Md</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>Stewart Memorial Balto</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8839**

**400**  
BIRTH NO. **52 8839**

1. NAME OF DECEASED (Type or Print) <b>GEORGE DILL</b>			2. DATE OF DEATH <b>SEPT. 25, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>BON SECOURS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
C. Length of stay in Baltimore <b>38</b> Yrs. <del>Mos.</del> Days			D. STREET ADDRESS (If rural, give location) <b>5 N. BENTALOU ST.</b>		
S. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1-18-14</b>		9. AGE (In years last birthday) <b>38</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DISTILLERY</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>FREDERICK DILL</b>			14. MOTHER'S MAIDEN NAME <b>BLUCHER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>217-07-4378</b>	17. INFORMANT ADDRESS <b>Mrs. Lucille Dill 5 N. Bentalou St</b>		
18. <b>002X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PULMONARY TUBERCULOSIS</b> CAUSE OF DEATH (A) ..... DUE TO (B) ..... DUE TO (C) .....			INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS.</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9/29/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/24</b> , 19 <b>52</b> , to <b>9/25</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9/25</b> , 19 <b>52</b> , and that death occurred at <b>4:15 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William A. Pillsbury</b>		23B. ADDRESS <b>Bon Secours Hospital</b>		23C. DATE SIGNED <b>9/25/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/29/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cath. Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>J. T. Stansbury 2700 Edm. Ave.</b>			

MEDICAL CERTIFICATION

**1955/546**

1888

1888

1888

1888

## CERTIFICATE OF DEATH

52 8840  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Druy Ruth

2. DATE  
OF  
DEATH

9-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

BALTO.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rosemont

53-00

D. STREET ADDRESS (If rural, give location)

4010 Baltimore St.

8. DATE OF BIRTH

Oct. 31, 1930

9. AGE (In years  
last birthday)

21

If Under 1 Year  
Months Days Hours Min.

10 23

10A. USUAL OCCUPATION (Give kind of  
work does during most of working life, even if retired)

Home duties

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Driver

14. MOTHER'S MAIDEN NAME

Ethel Atkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

48265279

17. INFORMANT

ADDRESS

Charles H. Driver, 4010 Balto. St.  
Rosemont

18. 410X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congestive failure

2 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Rheumatic heart disease aortic  
stenosis & mitral regurg.

10 yrs.

(C) Chronic glomerulonephritis

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Healed Bact. Endocarditis

6 mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-52, 19, to 9-23-52, 19, that I last saw the  
deceased alive on 9-23, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Perry, Jr., M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-24-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Fred A. Cole, 1913 W. Balto. St.

See reply to query in Document File 52-8 40



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8841

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MATTHEWS Lucy

2. DATE  
OF  
DEATH

9-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

5351

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2 GARRETT AVE, ARBUTUS

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Oct 12, 1880

9. AGE (In years  
last birthday)

72 1/2

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H.S.W.F.

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Waters

14. MOTHER'S MAIDEN NAME

Nancy Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

EARL H. MATTHEWS 504 1504 17th St

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary EDEMA

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

15 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio-Vascular  
Disease  
(C) Coronary Occlusion

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1952, to 9-22, 1952, that I last saw the  
deceased alive on 9-22, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. B. B. B.

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

9-22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Arbutus

24D. LOCATION (City, town, or county) (State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

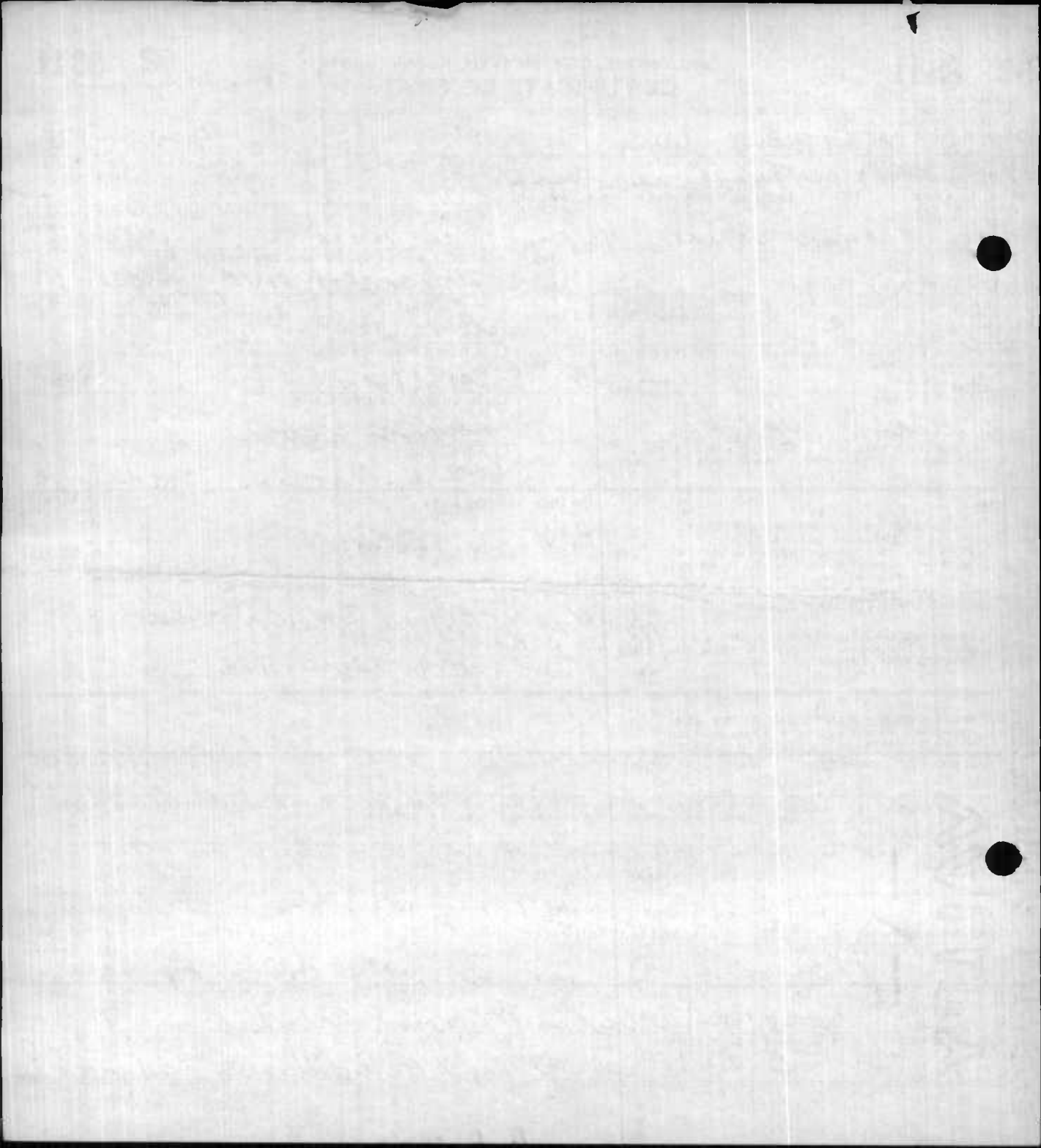
Mrs. Katie P. Williams

ADDRESS

322 M Schreiner St

SEP 25 1952

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8842

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>James Durham Sr</u>			2. DATE OF DEATH <u>Sept. 21, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1417 W. Mulberry St</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>1417 W. Mulberry St.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Md.</u>		
c. Length of stay in Baltimore <u>25 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>1417 W. Mulberry St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 8, 1892</u>	9. AGE (in years last birthday) <u>60</u>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leather Tanner</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Rocky Point, N.C.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>9 stem Durham</u>			14. MOTHER'S MAIDEN NAME <u>Jane Tate</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <u>Louise Durham 1417 W Mulberry St</u>		

18. <u>500 X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Broncho-pneumonia</u>		DUE TO	<u>3 days</u>
(B) <u>Sub Acute Bronchitis</u>			
(C) _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION <u>L</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 19, 1952 to Sept 21, 1952, that I last saw the deceased alive on Sept 21, 1952, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE <u>C. M. Lawrence</u>	23B. ADDRESS <u>1033 W. Lantana St.</u>	23C. DATE SIGNED <u>Sept. 24, 1952</u>
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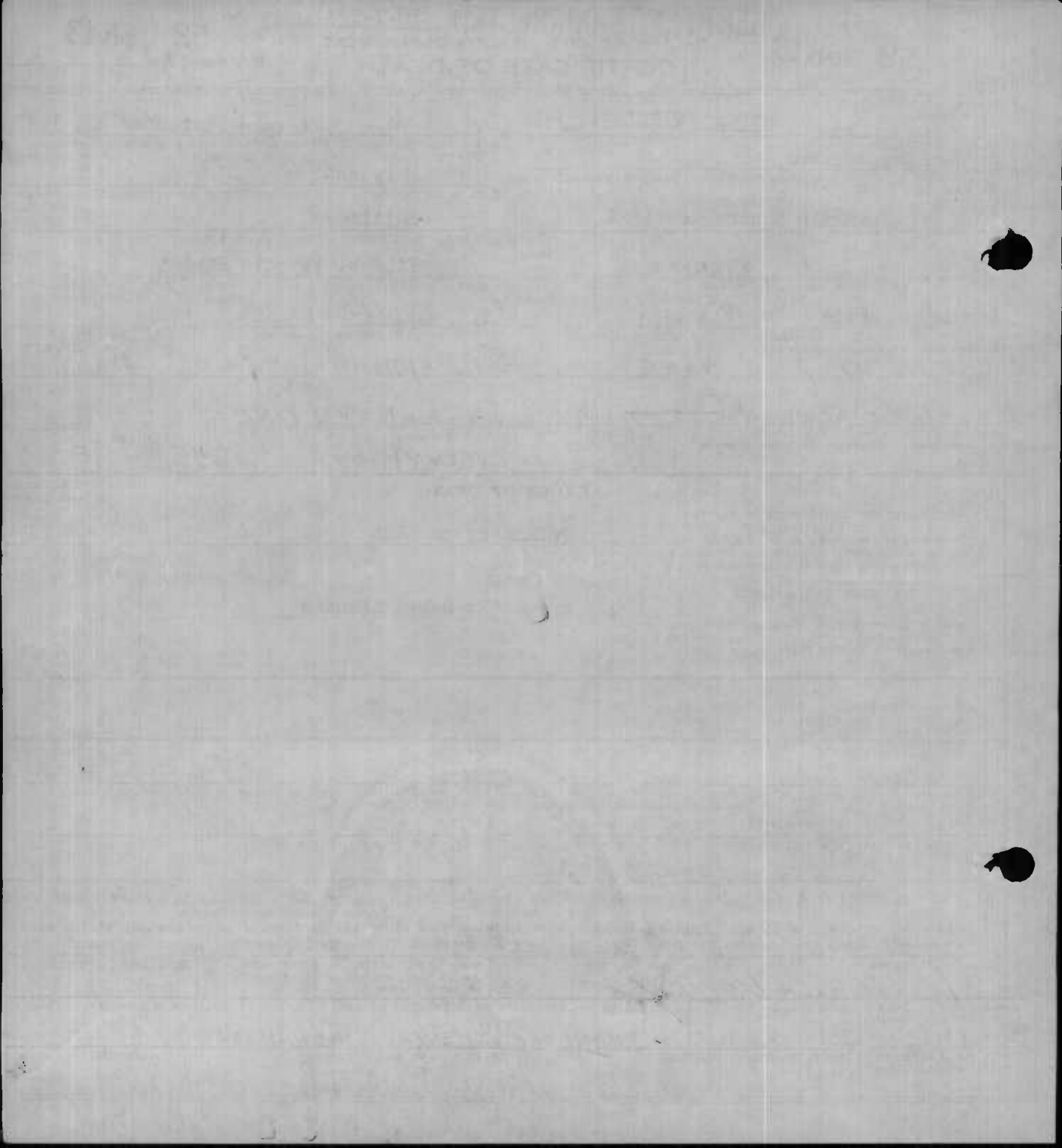
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>Sept 26, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Memorial</u>	24D. LOCATION (City, town, or county) (State) <u>Arbutus Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 25 1952</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, Mrs Katie R Williams</u>	
REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		ADDRESS <u>Schroeder St.</u>	

1 9 5 2 6 9 0 4 V 8 8 3 2



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6-450 52 8813		CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT		10-7-52		52 8843	
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
NELLIE VIRGINIA CLEM				September 22, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital				A. STATE Maryland			
Length of stay in Baltimore UNKNOWN				B. COUNTY			
5. SEX Female				C. CITY OR TOWN Baltimore			
6. COLOR OR RACE White				D. STREET ADDRESS (If rural, give location) 1418 W. Fayette Street 19-02			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED				8. DATE OF BIRTH FEB. 2, 1914			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED				9. AGE (In years last birthday) 38			
10B. KIND OF BUSINESS OR INDUSTRY NONE				11. BIRTHPLACE (State or foreign country) SHENANDOAH VA.			
13. FATHER'S NAME ANDREW JACKSON CLEM LAM				12. CITIZEN OF WHAT COUNTRY? U.S.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				14. MOTHER'S MAIDEN NAME ELIZABETH VINES			
16. SOCIAL SECURITY NO. NONE				17. INFORMANT EVELYN BORZI			
18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolus DUE TO ANTECEDENT CAUSES Rheumatic heart disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?							
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William V. Chambers				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>			
23C. DATE SIGNED Sept. 22, 1952							
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24B. DATE SEPT. 26, 1952			
24C. NAME OF CEMETERY OR CREMATORY SHENANDOAH CEMETERY				24D. LOCATION (City, town, or county) (State) SHENANDOAH VA.			
24E. DATE RECEIVED BY LOCAL REGISTRAR 25-1052				25. FUNERAL DIRECTOR Huntington Williams, M.D. W. W. Chambers Co			
25. ADDRESS 5801 Cleveland Ave				25. ADDRESS Poverdale Md.			





J-651  
52 8844BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8844

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Lillian V. Turnbaugh

2. DATE  
OF  
DEATH

Sept. 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3915 Keswick Rd.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3915 Keswick Rd.

13-07

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1893

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herbert Buckingham

14. MOTHER'S MAIDEN NAME

Blanche Lilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Myles N. Turnbaugh, 3915 Keswick Rd

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the Cervix  
with abdominal metastases

unknown

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 30, 1952

19B. MAJOR FINDINGS OF OPERATION

revealed abdominal metastases

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1949 to Sept 23, 1952, that I last saw the deceased alive on Sept 21, 1952, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Martin L. Surgeson

23B. ADDRESS

11 E Chase St

23C. DATE SIGNED

9-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 26/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Harry H. Hitt

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

EP 25 1952

VS 150

8520000839

10-11-41

STATE OF NEW YORK  
CERTIFICATE OF DEATH

10-11-41

10-11-41

10-11-41

10-11-41

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K-614  
52 8845BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8845  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

FREDERICK T. KREPPPEL

2. DATE  
OF  
DEATH

SEPT. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3518 BANK ST.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 26-08

D. STREET ADDRESS (If rural, give location)

3518 BANK ST.

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-28-1889

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR  
INDUSTRY

RESTAURETEUR

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN KREPPPEL

14. MOTHER'S MAIDEN NAME

BARBARA WHITMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

214-01-9914 BARBARA KREPPPEL

17. INFORMANT

ADDRESS

SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

Sept 23, 52

DUE TO

Chr. Myocarditis

9/1/47

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

Chn Nephritis

9/1/47

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1952, to Sept 23, 1952, that I last saw the  
deceased alive on Sept 23, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Ryan

M. D.

23B. ADDRESS

901 S. CONKLING

23C. DATE SIGNED

Sept 25, 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-26-52

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county) (State)

7401 GERMAN HILL RD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Ziller

ADDRESS

901 S. CONKLING

EP 25-1952  
VS 150

2906M

ST.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

TEMPORARY RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

SEX

HEIGHT

WEIGHT

HAIR

EYES

SKIN

TEETH

HEARING

VISION

SMELL

TASTE

VOICE

FEELING

THOUGHT

EMOTION

WILL

CHARACTER

TEMPERAMENT

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8846  
Registered No. \_\_\_\_\_

650  
52 8846  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Charles Ferris Drane</b>			2. DATE OF DEATH <b>September 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>945 Homestead Street</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 6, 1872</b>	9. AGE (In years last birthday) <b>79</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13. FATHER'S NAME <b>Andrew Drane</b>		
14. MOTHER'S MAIDEN NAME <b>Sarah Locker</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		
16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT ADDRESS <b>Edward H. Drane, Sr., 945 Homestead Street</b>		

18. <b>541.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>Hemorrhage from Gastro-Intestinal Tract 3 days</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A) _____		
ANTECEDENT CAUSES		(B) <b>Duodenal Ulcer (?)</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C) _____				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Arteriosclerotic Cardio-Vascular Disease</b>		

19A. DATE OF OPERATION <b>5 August, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 29, 1952, to Sept. 23, 1952, that I last saw the deceased alive on Sept. 23, 1952, and that death occurred at 2:05 Pm., from the causes and on the date stated above.

23A. SIGNATURE <b>W. A. Evacraft</b>		23B. ADDRESS <b>Union Memorial Hospital</b>		23C. DATE SIGNED <b>Sept. 23, '52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>9/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Friendship Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Fallston, Harford Co., Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>	ADDRESS <b>1217 St. Paul Street</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8847  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mr. William L. Brown</b>		2. DATE OF DEATH <b>September 24, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Lutheran Hospital 730 Ashburton St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital, 730 Ashburton St., Baltimore 16 Md.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>730 E. Pratt St. Baltimore 1, Md.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Widowed</b>	8. DATE OF BIRTH <b>May 1885</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	
13. FATHER'S NAME <b>Leonard J. Brown</b>		14. MOTHER'S MAIDEN NAME <b>Emma Ford</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>W. W. #1</b>	16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Hospital records, Lutheran Hospital, Baltimore 16, Md.</b>		ADDRESS	

MEDICAL CERTIFICATION	18. <b>420.0</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	(A) <b>decompensated arteriosclerotic heart disease</b>		<b>14 days</b>
	DUE TO		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>cerebral emboli</b>	<b>18 days</b>
		DUE TO	
		(C) <b>cerebral arteriosclerosis</b>	<b>5 years</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **September 6, 1952** to **September 24, 1952**, that I last saw the deceased alive on **September 23, 1952**, and that death occurred at **12:18 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Rudolph M. Zander, first assistant resident** M. D. 23B. ADDRESS **730 Ashburton St. Baltimore Md** 23C. DATE SIGNED **9/24/1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>W. S. National</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm Cook Inc. 1217 St. Paul St</b>	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8848

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HENRY L. MARTIN</b>		2. DATE OF DEATH <b>9/25/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>New York</b> B. COUNTY <b>V-29</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital of Balt., Inc.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Staten Island</b>	
c. Length of stay in Baltimore <b>3</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>461 College Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marine Engineer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Texas Oil Co</b>	9. AGE (in years last birthday) <b>57</b>
11. BIRTHPLACE (State or foreign country) <b>Provincetown Mass</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry L Martin</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Jane Ramus</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Flow(x)</b>	
17. INFORMANT <b>Mame E Martin</b>		ADDRESS <b>-461 College Ave</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> DUE TO <b>Arterial vascular accident</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>2</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Sinai Hospital of Balt.</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE <b>Horace W. Burnson</b> M. D.	23B. ADDRESS <b>Sinai Hospital of Balt.</b>	23C. DATE, SIGNED <b>9/25/52</b>
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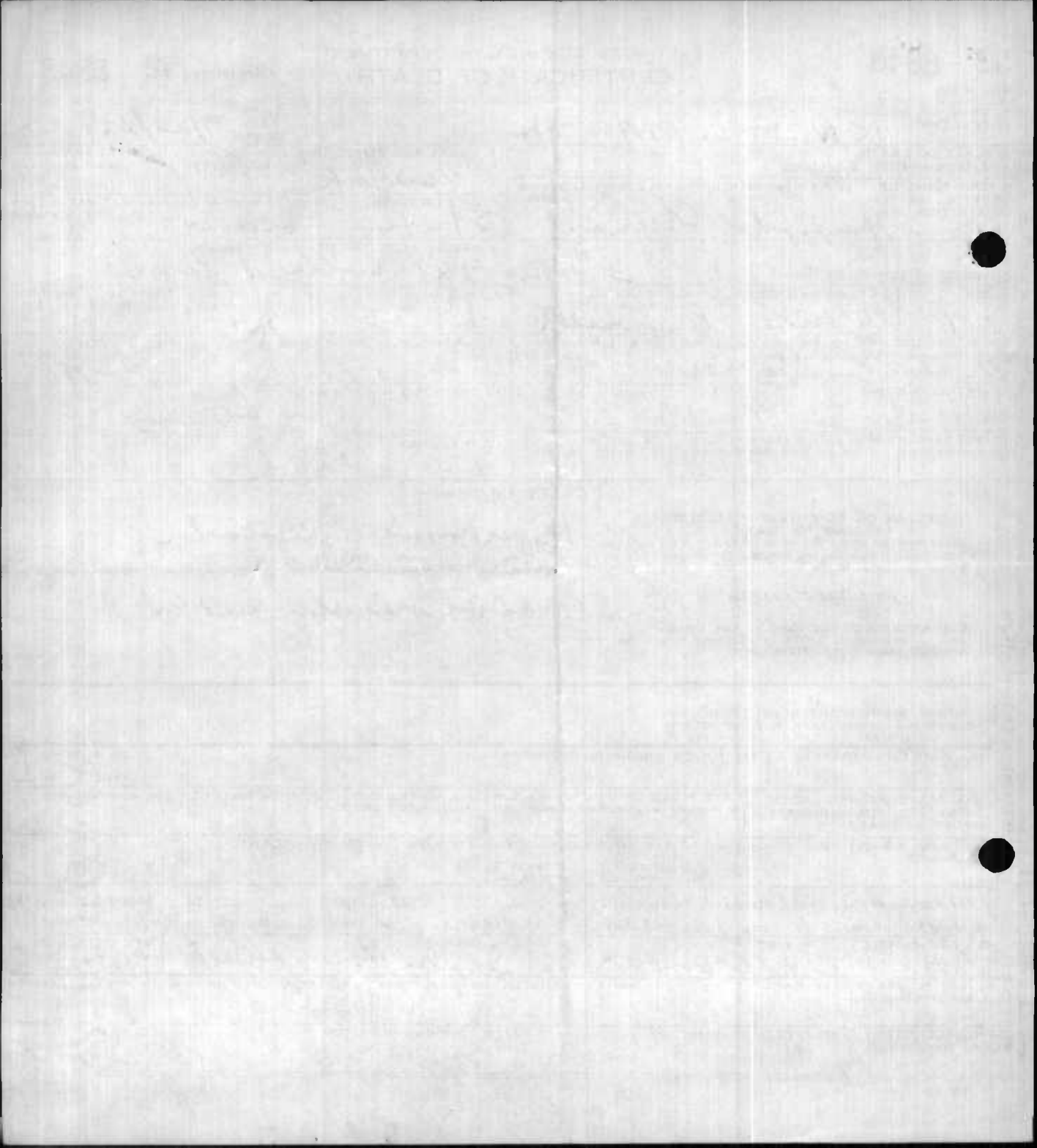
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>15</b>	24B. DATE <b>Sept 27 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Peter's - S</b>	24D. LOCATION (City, town, or county) (State) <b>Danbury Conn.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm Cook Inc</b>	ADDRESS <b>1217 St Paul St</b>
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VS 150

1 28028 208843

MEDICAL CERTIFICATION



636  
52 8849BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8849  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida E. Carter

2. DATE  
OF  
DEATH

9-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3021 Westfield Ave

C. Length of stay in Baltimore

Lfr

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

act bank

10B. KIND OF BUSINESS OR INDUSTRY

✓

13. FATHER'S NAME

Charles Crisp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

8. DATE OF BIRTH

10-15-1877

9. AGE (In years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balt

2nd

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary

17. INFORMANT

James T Carter

ADDRESS

3021 Westfield

18. 443X and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral arteriosclerosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 week

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerotic cardio-vascular disease

DUE TO

10 years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Sept 1952 to 24 Sept 1952, that I last saw the deceased alive on 23 Sept 1952, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John D Barnaby

M. D.

23B. ADDRESS

1531 E North Ave

23C. DATE SIGNED

24 Sept 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/27/52

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2400 5305 Harford Rd

Mr. Barnaby  
1531 2nd St C

VALLEY  
COUNCIL  
1900  
HOSPITAL  
U.S.A.

CHALMERS OF LEE IS

RECEIVED CALL 1911



256  
52 8850

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8850

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS Hagner

2. DATE  
OF  
DEATH

9-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Franklin Square Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3226 Montebello Terrace

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-17-1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HIGHWAY ENGINEER - State Rd Com.

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Thomas J. Hagner

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Antoinette Katherine Kentz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ms. Johnnet Hagner - same

18. 42010

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24-48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized arteriosclerosis

Arteriosclerotic hypertension heart disease

2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic glomerulonephritis

5 yrs

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 22 Sept, 1952, to 23 Sept, 1952 that I last saw the deceased alive on 23 Sept, 1952 and that death occurred at 10:30 PM from the causes and on the date stated above.

23A. SIGNATURE

Dr. W. D. Dene M.D.

23B. ADDRESS

56 Franklin Sq. Knap...

23C. DATE SIGNED

24 Sept 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Kuck

ADDRESS

5305 Harford Rd

VS 150

MEDICAL CERTIFICATION

904324 08845

MAKING 4-11-47  
JFK

200  
52 8851DIX  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8851

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES Haim DIX

2. DATE  
OF  
DEATH 9/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Maryland General Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md

B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Cockeysville

5300

D. STREET ADDRESS (If rural, give location)

Cockeysville rd York Bel

c. Length of stay in Baltimore

1 year

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pun R.R

10B. KIND OF BUSINESS OR  
INDUSTRY

Coach Cleaner

13. FATHER'S NAME

William J. Dix

8. DATE OF BIRTH

May 29, 1898

9. AGE (In years  
last birthday)

54

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

HEWITS Anna May Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes World War I

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Nellie Dix, Cockeysville, Md

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) perforated gastric ulcer  
DUE TO with peritonitis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) —

(C) —

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

9/24/52

19B. MAJOR FINDINGS OF OPERATION

P40 (Greenish fluid evacuated from abdomen)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1952 to 9/25, 1952 that I last saw the  
deceased alive on 9/25, 1952 and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lubek Bakhoir

23B. ADDRESS

M. O. Maryland General Hospital

23C. DATE SIGNED

9/25/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-28-52

24C. NAME OF CEMETERY OR CREMATORY

Gossops Methodist

24D. LOCATION (City, town, or county)

Sharks, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

L. Scott Brooks, Sharks, Md.

ADDRESS

VS 150

970 50 208846

1789

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8852  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HERBERT

WRIGHT

2. DATE  
OF  
DEATH

September 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

804 W. Baltimore Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 22, 1890

9. AGE (In years last birthday)

61

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Job Presser

10B. KIND OF BUSINESS OR INDUSTRY

Printing Co

11. BIRTHPLACE (State or foreign country)

Detroit Michigan

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr George M. Weston W. Baltimore

18. 541.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured duodenal ulcer with peritonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/27/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cem.

24D. LOCATION (City, town, or county)

2930 Frederick Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

901 Hollins





*(Physicians: please write the causes of death clearly and legibly.)*

**BIRTH NO.** 8853

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

**Registered No.** 52 8853

**1. NAME OF DECEASED (Type or Print)** Buchholz, Ann Elisabeth

**2. DATE OF DEATH** 9-23-52

**3. PLACE OF DEATH:**  
**a. Baltimore City, Maryland**

**b. FULL NAME OF HOSPITAL OR INSTITUTION** Church Home and Hospital

**c. Length of stay in Baltimore**

**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)**  
**A. STATE** Md **B. COUNTY** Baltimore

**C. CITY OR TOWN** Maryland 5355

**D. STREET ADDRESS (If rural, give location)** 9905 Harford Road

**5. SEX** Female **6. COLOR OR RACE** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** widow

**8. DATE OF BIRTH** 6-5-1887 **9. AGE (In years last birthday)** 65 **If Under 1 Year Months Days** **If Under 24 Hours Hours Min.**

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)** Housewife **10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE (State or foreign country)** GERMANY **12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME** August Petranek **14. MOTHER'S MAIDEN NAME** W. Robitschek

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)** **16. SOCIAL SECURITY NO.**

**17. INFORMANT** Patient **ADDRESS**

**18. CAUSE OF DEATH**

**I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**II ANTECEDENT CAUSES**

**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**

**(A) Nontropical Sprue**  
**(B) Pericarditis fibrosis**  
**(C) subclavicular gaiter**

**INTERVAL BETWEEN ONSET AND DEATH**  
**one year**  
**years**

**19a. DATE OF OPERATION** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH** **21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)** **21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)**

**21d. TIME (Month) (Day) (Year) (Hour) OF INJURY** **21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 3-5-1952 to 9-23-1952 that I last saw the deceased alive on 9-23-1952 and that death occurred at 11:45 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** [Signature] **23b. ADDRESS** Church Home and Hospital **23c. DATE SIGNED** 9-23-52

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24b. DATE** 9/29/52 **24c. NAME OF CEMETERY OR CREMATORY** OAK LAWN CEM **24d. LOCATION (City, town, or county) (State)** BALTO & MD

**DATE RECEIVED BY LOCAL REGISTRAR** SEP 25 1952 **REGISTRAR'S SIGNATURE** Huntington Williams, Jr. **25. FUNERAL DIRECTOR** CHARLES F. EVANS & SON **ADDRESS**

**VS 150**

**8802 HARFORD RD.**

8808

21

RECEIVED

1957

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C. 20250

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20250

WASHINGTON, D. C. 20250

WASHINGTON, D. C. 20250

WASHINGTON, D. C. 20250

WASHINGTON, D. C. 20250

WASHINGTON, D. C. 20250

WASHINGTON, D. C. 20250

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8854

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CARL

SCHLEMER (Schlimmer)

2. DATE  
OF  
DEATH

September 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

113 N. Clinton St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Unknown

9. AGE (in years  
last birthday)

Approx. 37

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Lense grinder

10B. KIND OF BUSINESS OR  
INDUSTRY

Optical

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Julius W. Schlimmer

14. MOTHER'S MAIDEN NAME

Anna M. Yeakel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Chas. Kraft 818 Cator Ave.

18. 002X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary tuberculosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

BUE TO

(B) Pulmonary hemorrhage

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE  
WORK AT ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.

VS 151

1888

52 8855

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8855  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Albert S. Jenkins

2. DATE  
OF

DEATH Sept 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Twilight Nursing Home  
1913 Eutaw Place

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3032 Windsor Ave.

c. Length of stay in Baltimore

25 Yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 15 1870

9. AGE (in years  
last birthday)

82

If Under 1 Year  
Months: Days

7 23

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Hochschild Kohn

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

216-01-8172A

17. INFORMANT

ADDRESS 2013 Bolton  
St.

Mrs. Sussie V. Jenkins,

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) cardiac weakness

DUE TO

ANTECEDENT CAUSES

generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

sev months

sev month

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

malnutrition

sev weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 1952, to Sept. 23, 1952, that I last saw the deceased alive on Sept 22, 1952, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 MARYLAND AVENUE

9-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept. 26, 1952 Mt. Olivet Cemetery

Frederick Road, Balti., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

SEP 26 1952

Huntington Williams, M.D.

David R. Martin, 1902 Eutaw Place

Balti., Md.

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
CENTERS FOR DISEASE CONTROL AND PREVENTION

PATIENT'S NAME		DATE OF BIRTH	
SEX		AGE	
RACE		ETHNICITY	
RELIGION		MARITAL STATUS	
OCCUPATION		EDUCATION	
ADDRESS		CITY	
STATE		ZIP	
COUNTRY		TELEPHONE	
HISTORY OF PRESENT ILLNESS		PHYSICAL EXAMINATION	
LABORATORY TESTS		IMMUNIZATION RECORD	
TREATMENT		PROGNOSIS	
DISPOSITION		FOLLOW-UP	





See Query reply in Document File 52-8856  
10/15/52 ES

9 *inter*

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 8857 51-29301 CERTIFICATE OF DEATH

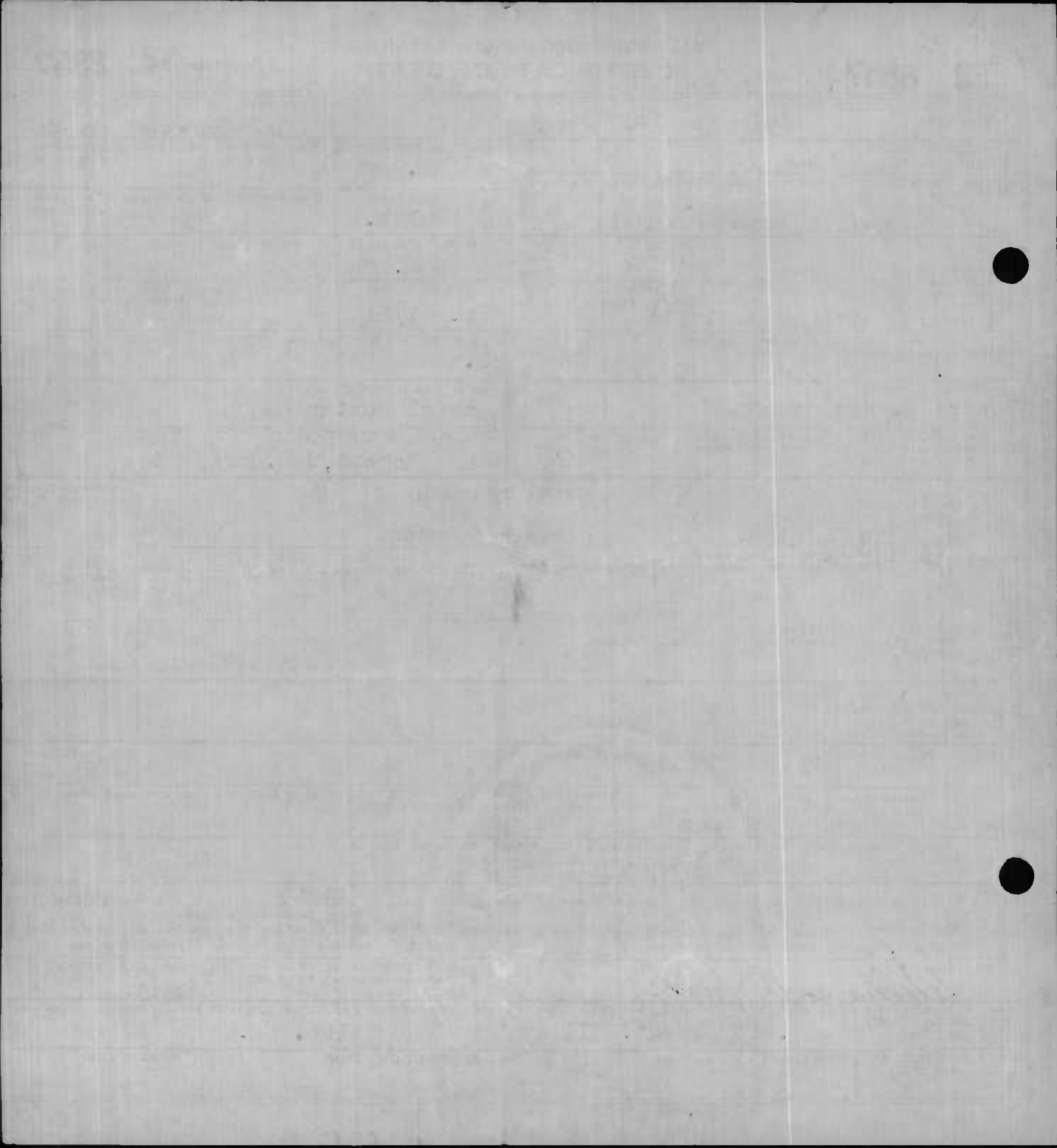
Registered No. 52 8857

1. NAME OF DECEASED (Type or Print) <b>PHILLIP Ray ROGERS</b>		2. DATE OF DEATH <b>September 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>9 S. Carey St</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 17/51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>9</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
13. FATHER'S NAME <b>Howard Rogers</b>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <b>Rachael Sexton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Howard Rogers, 9 S. Carey St</b>	

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CAUSE OF DEATH</b> (A) <b>Bronchopneumonia</b> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Sept. 25, 1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1952</b>	REGISTRAR'S SIGNATURE <i>Harry A. [Signature]</i>	25. FUNERAL DIRECTOR ADDRESS <i>Harry A. [Signature], 4101 Edmondson</i>	



650  
52 8858BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8858

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mr Albert Horna</i>		2. DATE OF DEATH <i>9/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Carroll</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Mt. Airy</i>	
C. Length of stay in Baltimore <i>22</i> Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) <i>5600</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>12-27-1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country) <i>Penna.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>not known</i>		14. MOTHER'S MAIDEN NAME <i>not known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>216-09-9033</i>	
17. INFORMANT <i>Robert Schmidt, Mt. Airy, Md.</i>		ADDRESS	

18. <i>211 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diffuse Peritonitis - acute</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>gastric dilatation &amp; paralytic ileus</i> <i>Blow out of colostomy site.</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <i>Calcific Peritonitis</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>9/13/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Poverty of Sigmoid</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/31*, 19*51* to *9/22*, 19*52* that I last saw the deceased alive on *9/22*, 19*52* and that death occurred at *9:00 P.M.* from the causes and on the date stated above.

23A. SIGNATURE *Charles B. Adams, Jr.* M. D. 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *9/29/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>9-26-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>PINE GROVE</i>	24D. LOCATION (City, town, or county) (State) <i>Mt. Airy, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>7061 97 JES</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>C. M. Waltz, Winfield, Md.</i>	ADDRESS
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SEP 25 1952

51024 8853





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8859

BIRTH NO. 52 8859

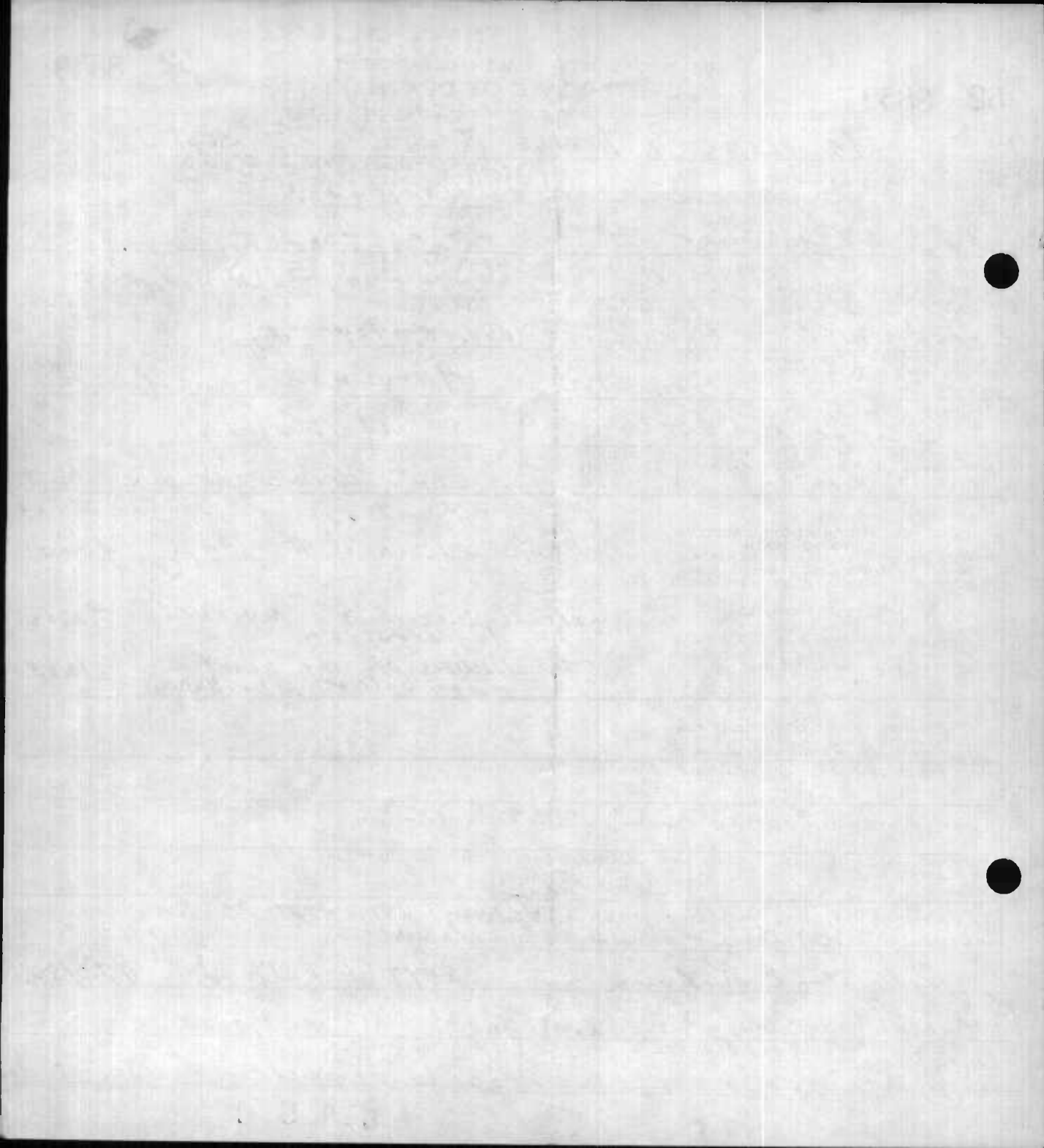
1. NAME OF DECEASED (Type or Print) <u>MADeline CATHERINE KRANZ</u>		2. DATE OF DEATH <u>Sept. 23, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2450 W. BALTIMORE ST.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 20-02</u>	
c. Length of stay in Baltimore <u>LIFE</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2450 W. BALTIMORE ST.</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 15, 1904</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	9. AGE (In years last birthday) <u>47</u> If Under 1 Year Months: Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>GEORGE MILLER</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT ADDRESS <u>MELVIN L. KRANZ 2450 W. BALTO. ST.</u>

18. <u>422.2</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO <u>Acute edema of the lungs</u>  ANTECEDENT CAUSES  DUE TO <u>Chronic myocarditis + myocardial degeneration.</u>  DUE TO <u>Other diseases of the heart - auricular fibrillation</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> <u>9 mos.</u> <u>9 mos.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January 1, 1952</u> to <u>Sept 23, 1952</u> , that I last saw the deceased alive on <u>Sept. 16, 1952</u> , and that death occurred at <u>12:20 AM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Lilbert E. Rudman</u> M. D.		23B. ADDRESS <u>2517 W. Balt. H.</u>		23C. DATE SIGNED <u>9/23/52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>9-26-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>LODGE PARK</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 26 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>GEO. L. Schwab</u>		ADDRESS <u>2101 Frederick Ave.</u>	

7205A 008854



526.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8860

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Catherine E Shoemaker

2. DATE  
OF  
DEATH

9-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto City Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Balto City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1946 Annapolis Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1946 Annapolis Ave

D. STREET ADDRESS (If rural, give location)

25-33

C. Length of stay in Baltimore

15 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-21-93

9. AGE (in years  
last birthday)

59

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wash Co Md

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Homesholder

14. MOTHER'S MAIDEN NAME

Ida Lawder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Forely Shoemaker, 1946 Annapolis

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

1 da

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9/23/52, 1952, to 9/23/52, 1952, that I last saw the  
deceased alive on 9/23, 1952, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Lawder

M. D.

23B. ADDRESS

679 Washington Blvd

23C. DATE SIGNED

9/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-27-52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Wash. D.C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 26 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Toulson Balto City Md

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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Germany, Germany

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52 8861

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8861

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rev. Mariano Milanese

2. DATE  
OF  
DEATH

9-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Pennsylvania

B. COUNTY

Villanova

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Villanova

V-35

D. STREET ADDRESS (If rural, give location)

St. Thomas Monastery

Length of stay in Baltimore

1 mo. - 26 days

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 1, 1880

9. AGE (In years  
last birthday)

72

10. Under 1 Year  
Months: Days  
Hours: Min.

8 25

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Recurrent myocardial  
infarct

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) arteriosclerosis, general  
Psychosis due to cerebral  
arteriosclerosis?  
?II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema, ch; arthritis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1952 to Sept. 26, 1952 that I last saw the  
deceased alive on Sept. 25, 1952, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis F. Chang

M. D.

23B. ADDRESS

6420 Reisterstown Rd.

23C. DATE SIGNED

Sept. 26, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 29-1952

24C. NAME OF CEMETERY OR CREMATORY

Monastery Cemetery

24D. LOCATION (City, town, or county) (State)

Villanova, Penna.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Huntington Williams, Stewart &amp; Mowen Co., 108 W. North Ave.

VS 150

403820008856 City #1.

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8862

Registered No.

52 8862  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

William Sparks

2. DATE  
OF  
DEATH

9/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

823 LEADENHALL ST.

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

823 LEADENHALL ST.

C. Length of stay in Baltimore

31

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

NOT KNOWN

8. DATE OF BIRTH

3/10/95

9. AGE (in years last birthday)

57

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LOOK OUTSMAN

10B. KIND OF BUSINESS OR INDUSTRY

FERRY

11. BIRTH PLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

MARY (NOT KNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Modeline Randolph Abore

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

CONGESTIVE FAILURE

HYPERTENSION

ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

2 YRS.

10 YRS.

10 YRS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from SEPT. 1950, to SEPT. 1952, that I last saw the deceased alive on 9/25, 1952, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Euse Williams Jr., M.D.

23B. ADDRESS

145 W. MONTGOMERY ST.

23C. DATE SIGNED

9/25/52

24A. BURIAL OR CREMATION REMOVAL (Specify)

Burial

24B. DATE

9/30/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Brooklyn, Md.

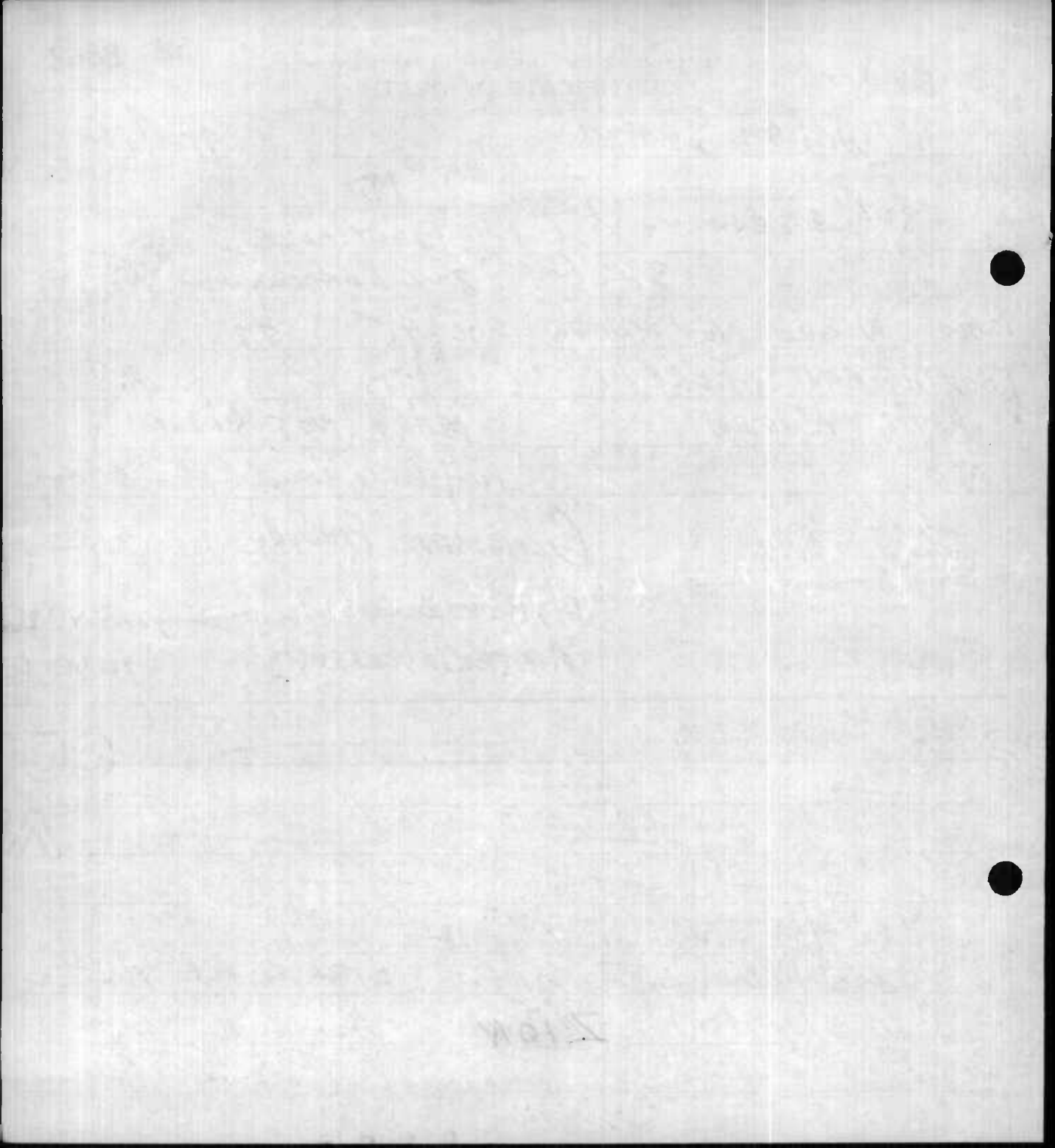
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Charles A. Rice - 661 W. Bore St.



52 8863

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8863

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

6. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1B. 592X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1938 to Sept 24, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 320 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

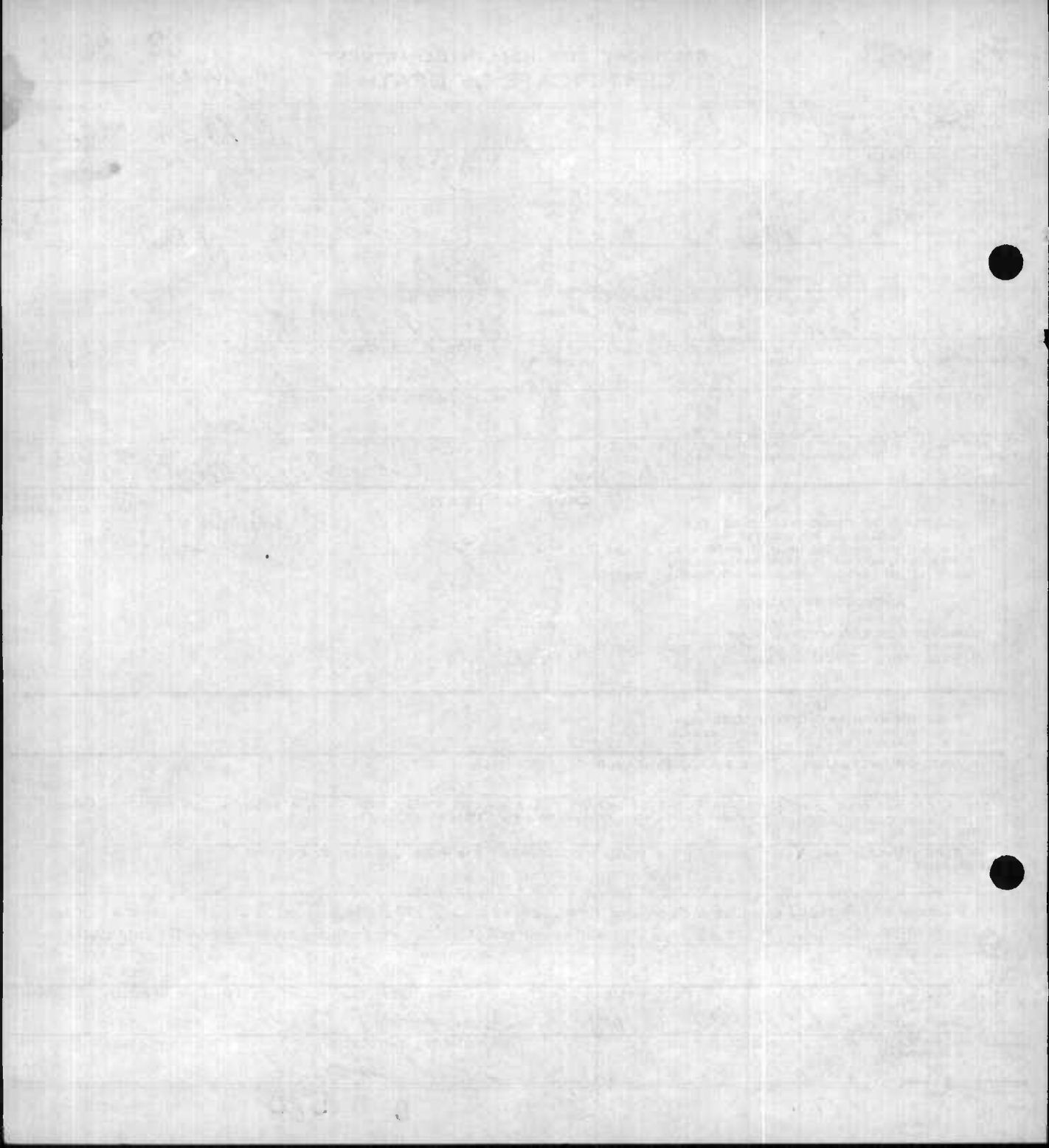
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 8864

AB-159804

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8864  
Registered No.

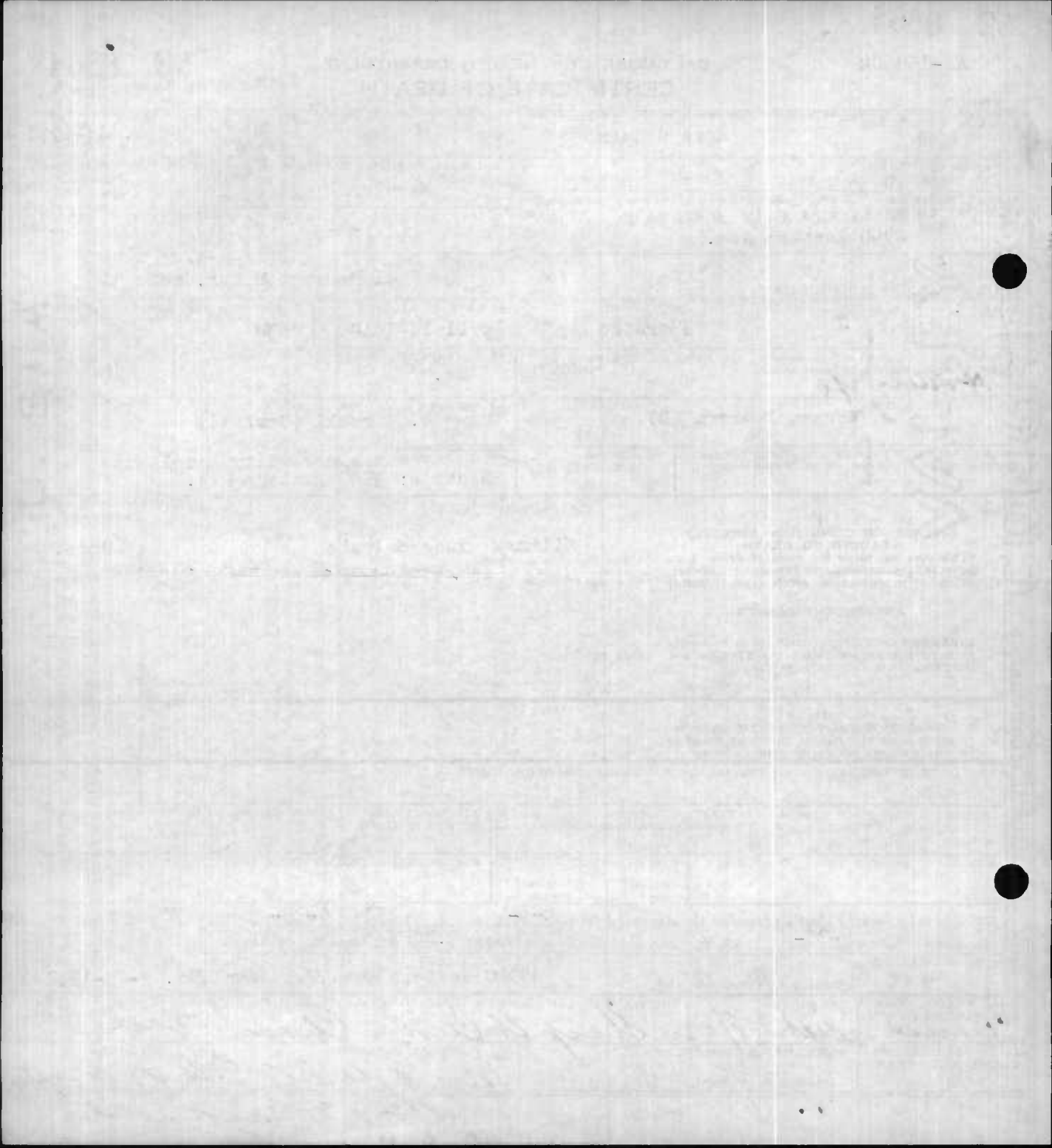
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Rose Cooper		2. DATE OF DEATH Sept. 23-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-06	
5. LENGTH OF STAY IN BALTIMORE Life				D. STREET ADDRESS (If rural, give location) 2801 Remington Ave. zone 11	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH April 10-1914	9. AGE (in years last birthday) 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Vernon Johnson (D)				14. MOTHER'S MAIDEN NAME Mary E. Carroll (Corrall) ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 019.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Military Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 3 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		
		(B) DUE TO		
		(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-5-1952 to 9-23-1952, that I last saw the deceased alive on 9-23-1952, and that death occurred at 9:20 PM, from the causes and on the date stated above.				
23A. SIGNATURE H. C. Johnson M. D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 9-23-1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 28/52	24C. NAME OF CEMETERY OR CREMATORY Sharp St Cem	24D. LOCATION (City, town, or county) (State) Chase Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 26 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Robert G. Elliott & Daughter 1129 N. Caroline St.	





52 8865

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8865

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SCHELLBACH, EMIL</b>		2. DATE OF DEATH <b>9-25-52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>CHURCH HOME + HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
D. STREET ADDRESS (If rural, give location) <b>2019 SUMMITT AVE</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>Nov. 7, 1884</b>		9. AGE (in years last birthday) <b>67</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOKSMITH</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Mr. Schellbach, ?</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>DAUGHTER 2019 Summit Ave</b>		ADDRESS	

18. <b>331X</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Increased Intracranial Pressure</b>	
ANTECEDENT CAUSES	(B) <b>Intracranial Hemorrhage</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <b>Arteriosclerosis + Hypertension</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Emphysema</b>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>9-23</b> , 1952 to <b>9-25</b> , 1952 that I last saw the deceased alive on <b>9-24</b> , 1952 and that death occurred at <b>2:46 AM.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Jack C Collins</b>	23B. ADDRESS <b>Church Home + Hosp</b>	23C. DATE SIGNED <b>9-25-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>SEP 27-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>
24D. LOCATION (City, town, or county) <b>COLGATE MD</b>	25. FUNERAL DIRECTOR <b>ULLRICH FUNERAL HOME ORLEANS</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 26 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	ADDRESS <b>2006</b>

19550184 008600

MEDICAL CERTIFICATION

NAME		AGE		SEX		RACE		RELATION		OCCUPATION		EDUCATION		MARRIAGE		DEATH		BURIAL	
John Doe		45		M		W		Husband		Farmer		High School		Married		Died		Buried	
Jane Doe		42		F		W		Wife		Homemaker		High School		Married		Died		Buried	
Robert Doe		18		M		W		Son		Student		College		Single		Alive		None	
Mary Doe		15		F		W		Daughter		Student		High School		Single		Alive		None	
William Doe		12		M		W		Son		Student		Elementary		Single		Alive		None	
Elizabeth Doe		10		F		W		Daughter		Student		Elementary		Single		Alive		None	
Thomas Doe		8		M		W		Son		Student		Elementary		Single		Alive		None	
Margaret Doe		6		F		W		Daughter		Student		Elementary		Single		Alive		None	
Charles Doe		4		M		W		Son		Student		Elementary		Single		Alive		None	
Anna Doe		3		F		W		Daughter		Student		Elementary		Single		Alive		None	
James Doe		2		M		W		Son		Student		Elementary		Single		Alive		None	
Sarah Doe		1		F		W		Daughter		Student		Elementary		Single		Alive		None	

52 8866

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8866

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John M Osborne

2. DATE  
OF  
DEATH

Sept. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2658 W. Franklin St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10B. KIND OF BUSINESS OR  
INDUSTRY

Laborer

8. DATE OF BIRTH

12-17-97

9. AGE (In years  
last birthday)

54

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

212-10-1443

17. INFORMANT

ADDRESS

Mary Osborne - 2658 W. Franklin St

18. 463X and 581.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary embolism

DUE TO

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Phlebotomies of legs

DUE TO

6 wks.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

Resumer's cirrhosis of liver

10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9/16, 1952 to 9/23, 1952, that I last saw the  
deceased alive on 9/23, 1952 and that death occurred at 2:13 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Hederman M. O.

23B. ADDRESS

Hopkins Hospital

23C. DATE SIGNED

9-23-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Huntington Williams, M.D.

1631-10 Mid Hill Ave

CERTIFICATE OF DEATH

Cause of Death

1911

1912

1913

1914

1915

Subject was a male of 5 years of age

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8867  
Registered No.

52 8867  
BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lucy V. Brown

2. DATE  
OF  
DEATH

Sept. 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

211 S. Furrow St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

211 S. Furrow St

5. SEX

Female

6. COLOR OR RACE

Whitw

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12, 1902

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

DAVID SHAMER

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Raymond E. Brown, 211 S. Furrow St

18. 463X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Embolus

15 minutes

DUE TO

Phlebotrombosis of deep leg veins

19 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Auto Gastro-Enteritis

4 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7/18, 1952, to 9/24, 1952, that I last saw the deceased alive on 9/24, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Ashman

23B. ADDRESS

1201 Ryker Lane St

23C. DATE SIGNED

9/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 27/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

CAUSE OF DEATH

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
WASHINGTON, D. C. 20540

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
WASHINGTON, D. C. 20540

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
WASHINGTON, D. C. 20540

DEPARTMENT OF HEALTH  
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WASHINGTON, D. C. 20540

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WASHINGTON, D. C. 20540

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WASHINGTON, D. C. 20540

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WASHINGTON, D. C. 20540

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
WASHINGTON, D. C. 20540

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
WASHINGTON, D. C. 20540



52 8868

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8868

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George W. Schuncke Sr.

2. DATE  
OF  
DEATH

Sept. 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4123 Frederick Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4123 Frederick Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

20-08

D. STREET ADDRESS (If rural, give location)

4123 Frederick Ave

Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 4/1867

9. AGE (In years  
last birthday)

85

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR

Dispatcher, Transit

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Schuncke

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Annie C. Schuncke, 4123 Fred'k Ave

18. 177X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TOMetastatic carcinoma of lungs  
Primary carcinoma Prostate

10 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO  
(C) ...II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial degeneration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept, 1952, to 23 Sept, 1952, that I last saw the  
deceased alive on 23 Sept, 1952, and that death occurred at 1030 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 27/52

New Cathedral

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

25.20.1952

Huntington Williams, #

Harry A. Witzke

4101 Edmondson Ave

Balto., Md.

VS 150

MEDICAL CERTIFICATION

correct age is especially important. If necessary, please state.

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1

CAUSE OF DEATH

1. (Immediate Cause)  
2. (Intermediate Cause)  
3. (Underlying Cause)

4. (Manner of Death)  
5. (Place of Death)

6. (Occupation of Deceased)

7. (Date of Death)

8. (Age of Deceased)

9. (Sex of Deceased)

10. (Race of Deceased)

11. (Signature of Registrar)

12. (Signature of Physician)

13. (Signature of Coroner)

14. (Signature of Medical Examiner)

15. (Signature of Health Officer)

256  
52 8869BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8869  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Nettie O'Connor

2. DATE  
OF  
DEATH

Sept. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4134 Edmondson Ave

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

Dolch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

4134 Edmondson Ave

8. DATE OF BIRTH

June 9, 1877

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mrs Helen Fullwood De Fonso

4134 Edmondson Ave

1B. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

(C) .....

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

none

INTERVAL BETWEEN  
ONSET AND DEATH

6 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1952 to 9/23, 1952, that I last saw the  
deceased alive on 9/13, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept 27/52

New Cathedral

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Harry H. Williams, M.D. 4101 Edmondson Ave.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX AND COLOR

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

52 8870

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8870  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ediston Robinson</i>			2. DATE OF DEATH <i>September 23, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>19-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>14 N. Stricker St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md.</i>		
D. STREET ADDRESS (If rural, give location) <i>14 N. Stricker St.</i>			E. DATE OF BIRTH		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	9. AGE (in years last birthday) <i>57</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gen.</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Jack Robinson</i>		14. MOTHER'S MAIDEN NAME <i>Sarah</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>(If yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Pearl Robinson</i>	
18. <i>422.1</i>		CAUSE OF DEATH		ADDRESS <i>14 N. Stricker St.</i>	

18. *422.1*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Chronic myocarditis*  
DUE TO(B)   
DUE TO(C)   
DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Arteriosclerosis*

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan. 25, 1952*, to *Sept. 23, 1952*, that I last saw the deceased alive on *Aug. 30, 1952*, and that death occurred at *6:30 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>C. C. Campbell</i>		23B. ADDRESS <i>718 Dolphin St.</i>		23C. DATE SIGNED <i>9-25-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>9/26/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cheran S.C.</i>	
24D. LOCATION (City, town, or county) <i>Cheran S.C.</i>		24E. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>		24F. ADDRESS <i>Schenck St.</i>	

DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 26 1952*REGISTRAR'S SIGNATURE  
*H. H. Williams*

25. FUNERAL DIRECTOR

ADDRESS *322 N*





240  
52 8871BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8871  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>MR J. EDWARD Risley</i>			2. DATE OF DEATH <i>Sept 25 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>BON SECOURS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 7504</i>		
D. STREET ADDRESS (If rural, give location) <i>4138 HAGUE ST (25)</i>			5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. DATE OF BIRTH <i>1/15/10</i>	9. AGE (In years last birthday) <i>42</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Unemployed</i>	11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>HERMAN Risley</i>			14. MOTHER'S MAIDEN NAME <i>Caroline Allen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION	18. <i>416X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic Heart Disease</i> DUE TO		CAUSE OF DEATH <i>Rheumatic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) DUE TO		
	(C) DUE TO				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from <i>September 6 1952</i> to <i>September 25 1952</i> , that I last saw the deceased alive on <i>Sept. 25</i> , 19 <i>52</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above.				
	23A. SIGNATURE <i>Davis delegate</i>		23B. ADDRESS <i>Bon Secours Hospital</i>		23C. DATE SIGNED <i>9-25-52</i>
	24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>9-26-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>ELISHA Adams - FUNERAL DIRECTOR</i>		24D. LOCATION (City, town, or county) (State) <i>SN2nd - Pleasantville. N. J.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>THOMAS J. KENNY/NC. 1600 Hollins ST</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8872  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Blanch Wright</b>		2. DATE OF DEATH <b>Sept. 25, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Joseph's Hosp. 1400 N. Caroline St.</b>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltim</b>	
D. STREET ADDRESS (If rural, give location) <b>1009 E. Federal St.</b>		Length of stay in Baltimore Yrs. Mos. Days	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>OCT. 9 - 1908</b>	9. AGE (In years last birthday) <b>43</b>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Md</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>-</b>		14. MOTHER'S MAIDEN NAME <b>-</b>				

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Jesse L. Morgan</b>	ADDRESS <b>1343 Hygien Ave. Balt.</b>
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1B. <b>231X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Cardio-Vascular Accident</b>		
DUE TO				
ANTECEDENT CAUSES		(B) <b>Cerebral Hemorrhage</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C) <b>Hypertension</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

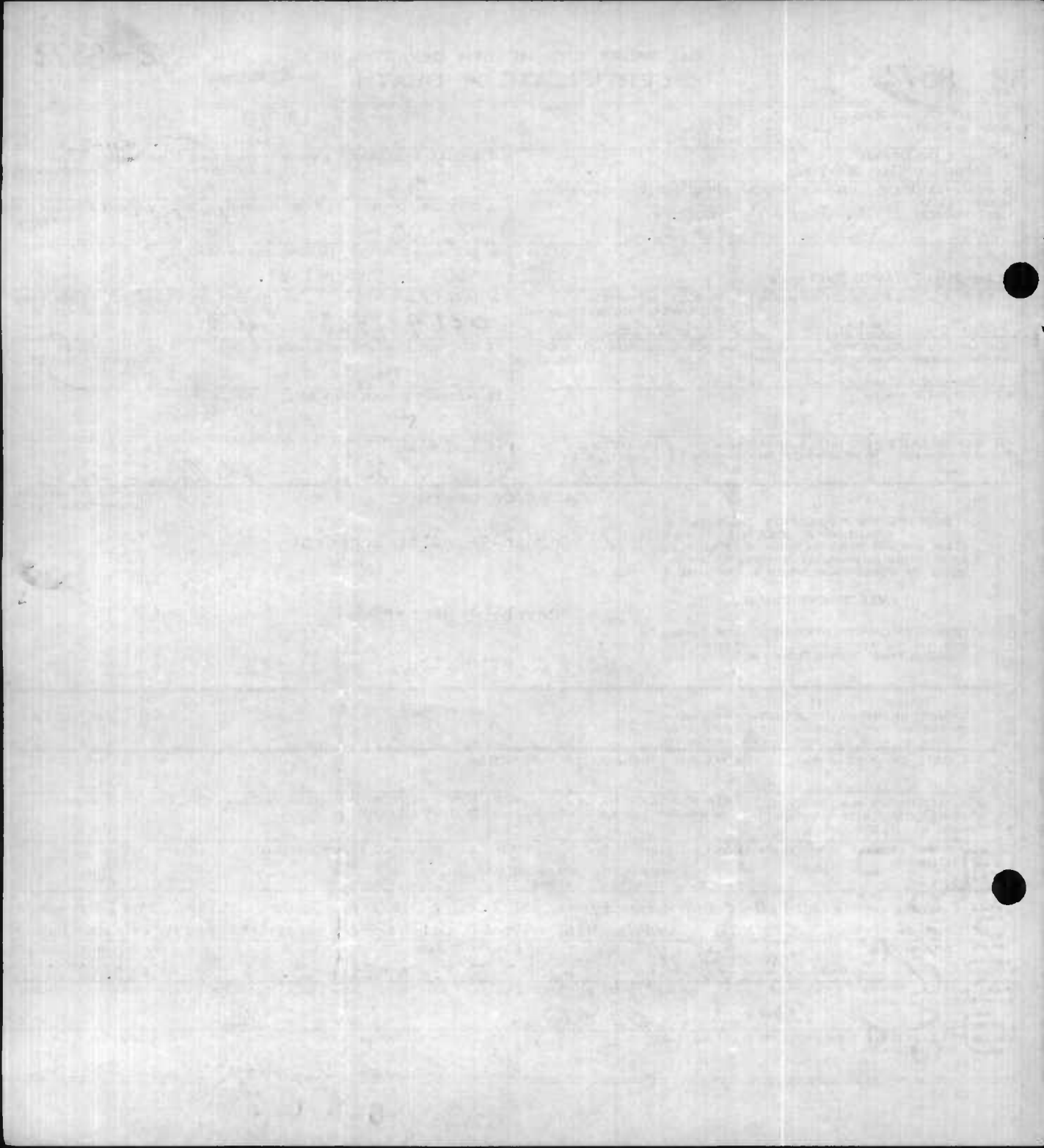
22. I hereby certify that I attended the deceased from **Sept. 25, 1952** to **1952**, that I last saw the deceased alive on **19** and that death occurred at **10:10 PM** from the causes and on the date stated above.

23A. SIGNATURE <b>Louis E. Fritz</b>	23B. ADDRESS <b>1400 N. Caroline St.</b>	23C. DATE SIGNED <b>Sept. 25, 1952</b>
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/29/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>	24D. LOCATION (City, town, or county) (State) <b>Hampden</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 26 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Paul C. Schenck</b>	ADDRESS <b>3615-17 Chestnut Ave.</b>

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



240  
52 8873BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8873

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN L. NICOLAI

2. DATE  
OF  
DEATH

Sept 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 755 W. Baltimore St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

755 W. Baltimore St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 4, 1858

9. AGE (In years  
last birthday)

94

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Telegraph Operator

10B. KIND OF BUSINESS OR  
INDUSTRY

Western Union

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

J. C. Nicolai

14. MOTHER'S MAIDEN NAME

Susan W. Nicolai

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Alexander Gordon 3rd Calverton Redwood

18. 492X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Recurrent Pneumonitis

5 mths.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerosis, Aneurysm  
Dissection

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 11, 1952 to Sept. 24, 1952, that I last saw the  
deceased alive on Sept 23, 1952 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Maureen E. Shamer M. D.

23B. ADDRESS

3300 W. Northline

23C. DATE SIGNED

9/25/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 26 1952

Huntington Williams, M. D. John G. Tempel 5311 Edmondson Ave

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520008868

MEDICAL CERTIFICATION

25 1932

25 1932

Government Publications 21140

Continued from previous page

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P. 308  
3300 N. Western P. 25/25

Apr. 25, 25  
McGraw-Hill



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8874  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DONALD H. HUBER

2. DATE OF DEATH September 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Glen Burnie

D. STREET ADDRESS (If rural, give location)  
Box 178, Long Cave Road

c. Length of stay in Baltimore About 20yrs.

5. SEX Male 6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married.

8. DATE OF BIRTH  
Sept. 14, 1931.

9. AGE (In years last birthday) 21  
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Salesman.

10B. KIND OF BUSINESS OR INDUSTRY  
Schmidt's Bakery.

11. BIRTHPLACE (State or foreign country)  
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?  
U. S.

13. FATHER'S NAME

Robert S. Huber.

14. MOTHER'S MAIDEN NAME

Marie Schindele

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Gloria Huber, Locust Grove A.A.Co

18. E 516.0

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed chest

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Evisceration of intestines

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
Lombard and Kresson Streets

21D. TIME (Month) (Day) (Year) (Hour)  
Sept. 25, 1952 6:00 A.m.

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?  
Driver of bakery truck when it collided with trailer truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William C. Shedd*

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 25, 1952

24A. BURIAL, CREMA-TION, REMOVAL (Specify)  
Burial.

24B. DATE

Sept. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

*Ind. Court*

24D. LOCATION (City, town, or county)

*Balto*

(State)

*Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Ch. H. Bennett & Sons 1450 S. Charles*

SEP 26 1952

V5 151

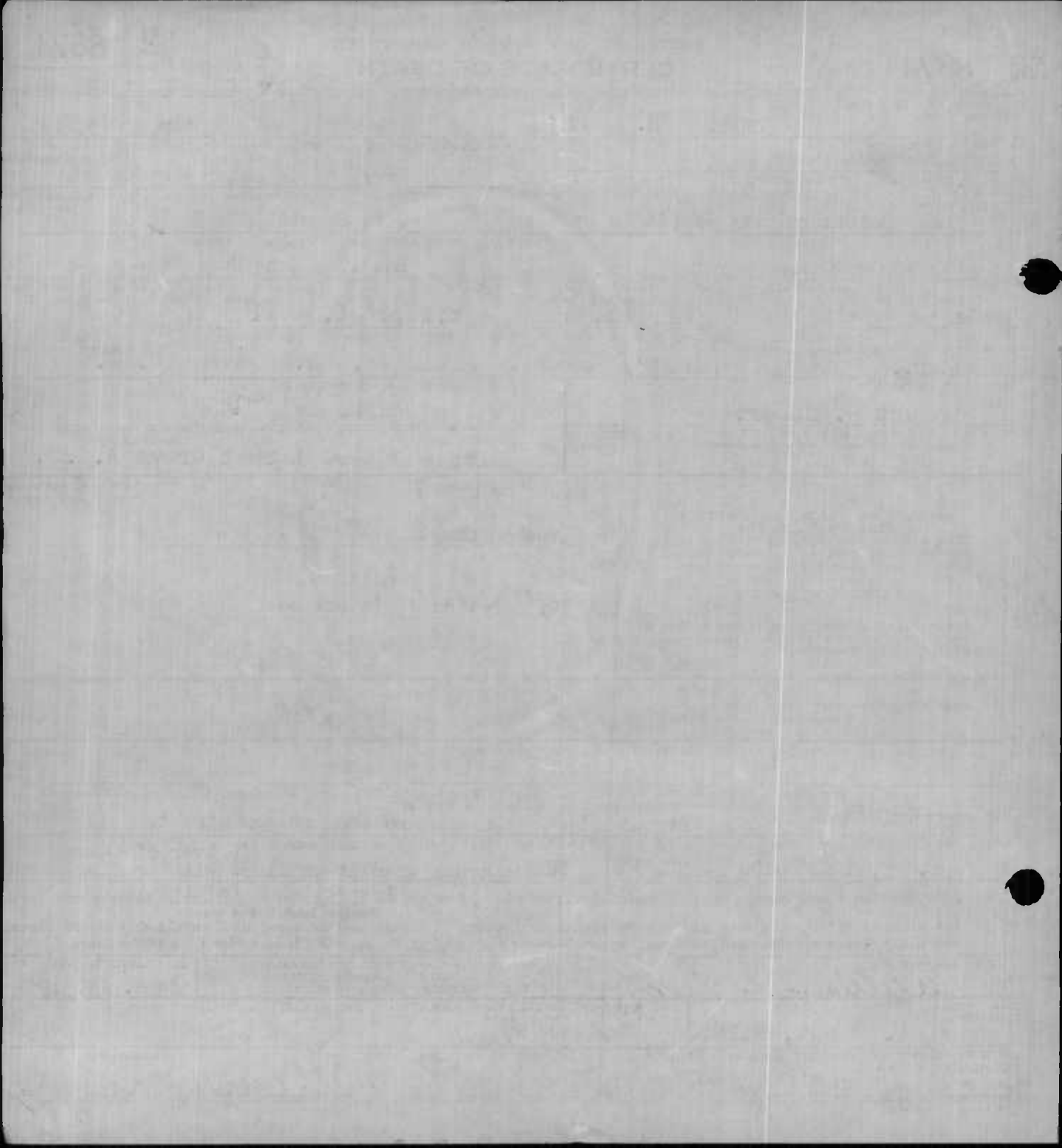
N 869.2

5 2 898 44

*HC*

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



500  
52 8875BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8875

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Orpah L. Hanna

2. DATE  
OF DEATH Sept. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONHarford Convalescent Home  
4700 Harford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3113 Eastern Avenue

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 28, 1866

9. AGE (In years  
last birthday)

86

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Madison Maith

14. MOTHER'S MAIDEN NAME

Eliza Catherine George

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Rev. Wm. I. Hanna, 3113 Eastern Avenue

18. 450.0

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) CAUSE OF DEATH  
(Congestive Heart Failure)  
Arteriosclerosis, generalized

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH  
3 months

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1952, to Sept. 25, 1952, that I last saw the  
deceased alive on Sept 24, 1952, and that death occurred at 1A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

9/27/52

Forrest Cemetery

Baltimore County, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Huntington Williams, M.D.

Wm. Book, Inc. 1217 St. Paul Street

RECEIVED

416  
52 8876

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8876  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John H. Philburn

2. DATE  
OF  
DEATH

September 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3716 Brooklyn Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3716 Brooklyn Avenue

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Feb. 22, 1867

9. AGE (In years, last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Ship Sealer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

George A. Philburn, 3716 Brooklyn Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

coronary disease

70 days

CAUSE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

myocardial damage

CAUSE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-3, 1952, to 9-22, 1952, that I last saw the deceased alive on 9-22, 1952, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George A. Philburn

23B. ADDRESS

3914 S. Howard

23C. DATE SIGNED

9-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/27/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Huntington Williams, MD

Wm. Cook, Inc.

1217 St. Paul Street

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8877**

BIRTH NO. **52 8877**

1. NAME OF DECEASED (Type or Print) <b>ROLAND, W<sup>m</sup></b>			2. DATE OF DEATH <b>9-25-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>FRANKLIN SQUARE HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) <b>BALTIMORE 25-04</b>		
D. STREET ADDRESS (If rural, give location) <b>3911 SECOND ST.</b>			5. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-20-1903</b>	9. AGE (In years last birthday) <b>48</b>	If Under 1 Year Months: Days <b>11 5</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Const.</b>		11. BIRTHPLACE (State or foreign country) <b>VIRGINIA</b>
13. FATHER'S NAME <b>M.T. ROLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>HOSP. CHART</b>			ADDRESS		

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>CAUSE OF DEATH</b> (A) <b>INTESTINAL OBSTRUCTION, ACUTE</b> DUE TO  (B) _____ DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <b>1 WK</b>
--	---

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**CARCINOMA SIGMOID COLON**

19A. DATE OF OPERATION <b>9-15-52</b>	19B. MAJOR FINDINGS OF OPERATION <b>CARCINOMA SIGMOID COLON (SEE REVERSE) SIDE</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-12**, 19**52**, to **9-25**, 19**52**, that I last saw the deceased alive on **9-15**, 19**52**, and that death occurred at **1<sup>st</sup> 4 m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>M. Sindelar</b>	23B. ADDRESS <b>2111 Square Hosp</b>	23C. DATE SIGNED <b>9-25-52</b>
--------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>9-29-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>GLEN HAVEN</b>	24D. LOCATION (City, town, or county) (State) <b>GLEN BURNIE</b>
---	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 26 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>W. L. Carey</b>	ADDRESS <b>30 E. FORT AVE.</b>
--	---	--	-----------------------------------

2nd Operation

9-22-52 - ACUTE INTESTINAL OBSTRUCTION;  
ILEUM; MECHANICAL

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8878

BIRTH NO. 520  
2 8878

1. NAME OF DECEASED  
(Type or Print)

MARY L. FUNK

2. DATE  
OF  
DEATH

SEPT 24 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2814 PULASKI HIGHWAY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2814 PULASKI HIGHWAY

Length of stay in Baltimore

75 YRS

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT 15 1874

9. AGE (In years  
last birthday)

78

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

WASHINGTON D. C.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

LORING

14. MOTHER'S MAIDEN NAME

ELIZABETH BRYANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

2814 PULASKI HGW.  
ELIZABETH L. BITZELBERGER

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage

2 Mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) arteriosclerosis - generalized

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from July, 1952 to 9/24, 1952 that I last saw the  
deceased alive on 9/24, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

L. K. Oliver

M. D.

2627 E. Monument St

9/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

SEPT 27 1952

BALTIMORE CEMETERY

NORTH AVE + LAY ST

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Huntington Williams, M.D.

Dippel Bros.

1800 E LOMBARD ST.

George H. H. H.

George H. H. H.

July 25 1917

George H. H. H.

George H. H. H.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8879

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ESTHER L LAWRENCE

2. DATE  
OF  
DEATH

Sept 24-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

at home

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

605 Radnor

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

md

C. CITY OR TOWN

Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

605 Radnor

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 30-1900

9. AGE (in years  
last birthday)

51

10. Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Beautician

10B. KIND OF BUSINESS OR  
INDUSTRY

✓

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Geo W Bradford

BEAUTY PARLOR

14. MOTHER'S MAIDEN NAME

Amanda Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 2707

Isabel E Dorman Hughes

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary thrombosis  
DUE TO 2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio sclerotic cardiovascular system  
DUE TO disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from April 4, 1945, to 9/24, 1952 that I last saw the  
deceased alive on 9/22, 1952 and that death occurred at 9:20 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Isabel E Dorman Hughes M. D.

4600 York Rd

9/25/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried

9-27-52

Parkwood

Baltimore

md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1952

Huntington Williams, M.D. 5300 7th St

VS 150

2408F 8874

Mr Thomas  
4600 York Rd



200  
52 8880

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8880

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) *Alberta K. Lewis*

2. DATE OF DEATH *Sept. 25, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Maryland* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
*312 - St. Hoffman St. Baltimore*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*11-04*

7. STREET ADDRESS (If rural, give location)  
*312 - St. Hoffman St*

8. Length of stay in Baltimore *years* Yrs. Mos. Days

9. SEX *Female*

10. COLOR OR RACE *Colored*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*married*

12. DATE OF BIRTH *Jan. 30, 1909*

13. AGE (In years last birthday) *43*

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Housewife*

17. KIND OF BUSINESS OR INDUSTRY  
*Own Home*

18. BIRTHPLACE (State or foreign country)  
*Virginia*

19. CITIZEN OF WHAT COUNTRY?  
*U. S. A.*

20. FATHER'S NAME  
*Richard K. Johnson*

21. MOTHER'S MAIDEN NAME  
*Ruth Johnson*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT *Audrey Johnson* ADDRESS *312 - St. Hoffman*

25. CAUSE OF DEATH  
18. *002X I*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*TUBERCULOSIS of LUNGS*  
DUE TO  
INTERVAL BETWEEN ONSET AND DEATH  
*May 21/52*

26. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B)  
(C)

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

28. DATE OF OPERATION *0*

29. MAJOR FINDINGS OF OPERATION

30. AUTOPSY?  
YES ☐ NO ☐

31. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

34. TIME (Month) (Day) (Year) (Hour) OF INJURY

35. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

36. HOW DID INJURY OCCUR?

37. I hereby certify that I attended the deceased from *MAY 21, 1952* to *SEPT 25, 1952* that I last saw the deceased alive on *SEPT 19, 1952*, and that death occurred at *2:15 P.m.*, from the causes and on the date stated above.

38. SIGNATURE *William Frey* M. D. 23B. ADDRESS *1928 Penna Ave* 23C. DATE SIGNED *9/26/52*

39. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

40. DATE  
*Sept. 30, 1952*

41. NAME OF CEMETERY OR CREMATORY  
*Balts. National*

42. LOCATION (City, town, or county) (State)  
*Maryland*

43. DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 26 1952*

44. REGISTRAR'S SIGNATURE  
*Huntington Williams, M.D.*

45. FUNERAL DIRECTOR  
*W. Halstead*

46. ADDRESS  
*918 - Quind Ave.*

VS 150

520008875

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

520  
2 8881BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8881

BIRTH NO.

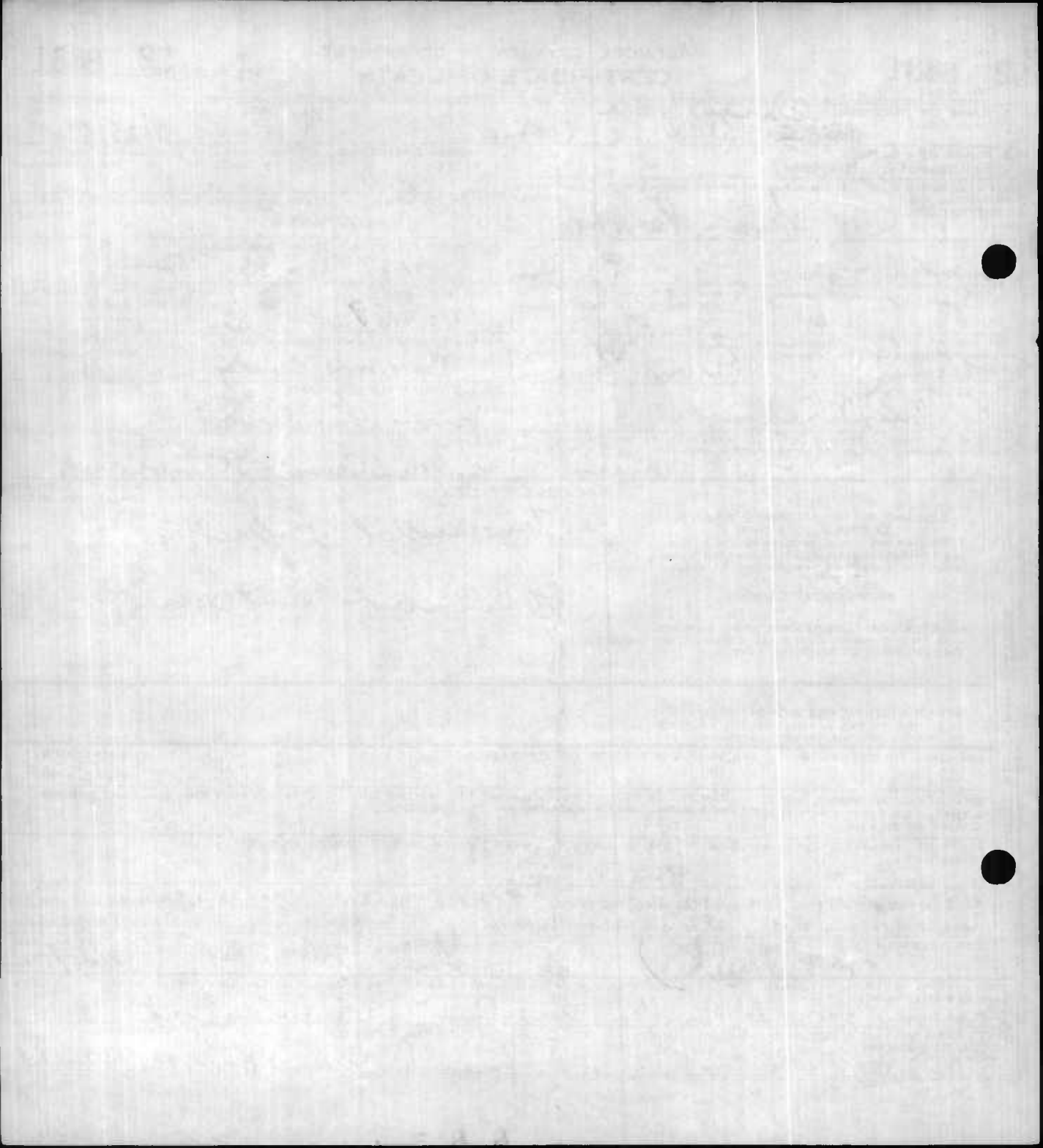
1. NAME OF DECEASED (Type or Print) <i>Lusan Jane (Jennie) Comes</i>		2. DATE OF DEATH <i>9/25/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Shrin Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 5351</i>	
D. STREET ADDRESS (If rural, give location) <i>4137 Lincoln Ave</i>		8. DATE OF BIRTH <i>12/23/69</i>	
5. SEX <i>F</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		9. AGE (In years last birthday) <i>82</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore County</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>Osborn Chevrolet</i>		14. MOTHER'S MAIDEN NAME <i>Jane Sanderson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs. John Comes</i>		ADDRESS <i>4136 Lincoln Ave.</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic heart Disease</i>	(B) DUE TO	
	(C) DUE TO	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/24</i> , 1952, to <i>9/25</i> , 1952, that I last saw the deceased alive on <i>9/25</i> , 1952, and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Max Miller</i>		23B. ADDRESS <i>Shrin Hospital</i>		23C. DATE SIGNED <i>9/25/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept. 29, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Heis Mem. Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Bellevue Ind.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Passahaw Funeral Home</i>
		ADDRESS <i>2401 Belmont St.</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8882  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MERIZA**

**OLSON**

2. DATE OF DEATH **September 25, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Pennsylvania**  
B. COUNTY **Y-35**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Union Memorial Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Nottingham RD 2-**

D. STREET ADDRESS (If rural, give location)  
**W. Nottingham Fwp**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX **Female**  
6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**divorced**

8. DATE OF BIRTH **May 29 1930**  
9. AGE (In years last birthday) **22**  
10. Under 1 Year Months: Days  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**waitress**

10B. KIND OF BUSINESS OR INDUSTRY  
**Restaurant**

11. BIRTHPLACE (State or foreign country)  
**China**

12. CITIZEN OF WHAT COUNTRY?  
**China**

13. FATHER'S NAME  
**Albert Spector**

14. MOTHER'S MAIDEN NAME  
**Mary Friedman**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Clarence Ward - Nottingham RD 2**

18. **E 816.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**(A) Craniocerebral Injury**  
~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**Highway**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**Route 40 near Bainbridge Naval Center**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**8/14/52**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?  
**another auto Passenger in auto that collided with**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE  
**R. B. Fisher**

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐  
M.D. **9/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**Sept 30 1952**

24C. NAME OF CEMETERY OR CREMATORY  
**Cooterville Cem**

24D. LOCATION (City, town, or county) (State)  
**Cateville Pa**

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 26 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR  
**Ralph Ward - Ringier Md.**

ADDRESS





52 8883

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8883

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SLYVESTER T. JOHNSON

2. DATE  
OF  
DEATH

Sept. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2514 McCulloh Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2514 McCulloh Street

c. Length of stay in Baltimore

20 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 11, 1886

9. AGE (In years  
last birthday)

66

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR  
INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Lutherville, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Johnson

14. MOTHER'S MAIDEN NAME

Lucy ?????

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Julia J. Johnson

ADDRESS

2514 McCulloh Street

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage

2 days

DUE TO

ANTECEDENT CAUSES

(B) A.H.C.V.D

?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22, 1952 to Sept. 24, 1952, that I last saw the  
deceased alive on Sept. 24, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington McDonald

M. D.

23B. ADDRESS

844 N. Carey St. Balt. Md.

23C. DATE SIGNED

9/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Pk.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1631 David Hill Ave.

# CERTIFICATE OF DEATH

NATIONAL BUREAU OF HEALTH STATISTICS

Form No. 100-1

U.S. GOVERNMENT PRINTING OFFICE

1950 O-488-100

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Race</p>		<p>4. Date of birth</p>		<p>5. Date of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Immediate cause</p>		<p>9. Intermediate cause</p>		<p>10. Underlying cause</p>		<p>11. Manner of death</p>		<p>12. Signature of physician</p>	
<p>13. Signature of registrar</p>		<p>14. Signature of informant</p>		<p>15. Signature of medical examiner</p>		<p>16. Signature of coroner</p>		<p>17. Signature of funeral director</p>		<p>18. Signature of other official</p>	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8884  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Joshua Swann</b>			2. DATE OF DEATH <b>Sept. 24, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>11-03</b>		
c. Length of stay in Baltimore <b>20 yrs,</b>			D. STREET ADDRESS (If rural, give location) <b>223 W. Biddle Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Oct. 24, 1895</b>	9. AGE (In years last birthday) <b>56</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Penna, Railroad</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Co., Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Swann</b>			14. MOTHER'S MAIDEN NAME <b>Rachael Young</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>711-07-8650</b>	17. INFORMANT ADDRESS <b>Mrs. Millie A. Swann-4516 W. Lanvale</b>		

<p>18. <b>151x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Carcinoma of stomach</b> DUE TO</p> <p>(B) _____ DUE TO</p> <p>(C) _____ DUE TO</p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
---	---

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>9/6</b> , 19 <b>52</b> to <b>9/24</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9/24</b> , 19 <b>52</b> and that death occurred at <b>1:23 A.M.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Pierce J. [Signature]</b> M. D.	23B. ADDRESS		23C. DATE SIGNED <b>9/24/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-27-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Family Lot</b>	24D. LOCATION (City, town, or county) (State) <b>Herford, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 26 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Holland Funeral Home-1631 Druid Hill Avenue</b>	

✓

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) *STANLEY BOGUS JR.*

2. DATE  
OF DEATH *23 SEPT. 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *md* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *LUTHERAN HOSP. OF MD., INC.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore Essex 5354*

Length of stay in Baltimore *24* Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
*252 Holly Beach Rd.*

5. SEX *M* 6. COLOR OR RACE *W* 7. ~~SINGLE~~ MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *10/26/27*

9. AGE (In years last birthday) *24* 10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Draftsman*

10B. KIND OF BUSINESS OR INDUSTRY *2*

11. BIRTHPLACE (State or foreign country)  
*Ind*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Stanley Bogus*

14. MOTHER'S MAIDEN NAME *Stella*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
*none*

16. SOCIAL SECURITY NO.  
*none*

17. INFORMANT *Stanley Bogus Sr. 252 Holly Beach Rd.*

MEDICAL CERTIFICATION

18. *592x*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH *Chemia*

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

(A) DUE TO

(B) DUE TO *Chronic Glomerulonephritis*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/11*, 1952, to *9/23*, 1952, that I last saw the deceased alive on *9/23*, 1952, and that death occurred at *7:45A* m., from the causes and on the date stated above.

23A. SIGNATURE *Anthony J. McKeever*

M. D.

23B. ADDRESS *Lutheran Hosp.*

23C. DATE SIGNED *9/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE *9-27-52*

24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer*

24D. LOCATION (City, town, or county) (State)  
*Baltimore, Md.*

DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 26 1952*

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*John A. Grebliauckas Jr.  
1905 E. Pratt St.*

STATE OF TEXAS  
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620 52 8886		BALTIMORE CITY HEALTH DEPARTMENT		52 8886		
BIRTH NO. 52-22761		CERTIFICATE OF DEATH		Registered No.		
1. NAME OF DECEASED (Type or Print) <b>BABY BOY BROOKS</b>			2. DATE OF DEATH <b>sep. 25, 1952</b>			
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE CITY</b>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>			
c. Length of stay in Baltimore <b>3</b> Days			d. STREET ADDRESS (If rural, give location) <b>708 Cloudy Fold Dr.</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>sep. 23, 1952</b>	9. AGE (In years last birthday) <b>3</b>	10. Under 1 Year Months: Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIL</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>MICHAEL LEE BROOKS</b>			14. MOTHER'S MAIDEN NAME <b>CAROLYN SHRIVER</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>FATHER 708 CLOUDY FLOD DR.</b>			
18. <b>754.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			CAUSE OF DEATH (A) <b>cardiac failure</b> DUE TO (B) <b>congenital malformation of the heart</b> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>sep. 25, 1952</b> to <b>sep. 25, 1952</b> , that I last saw the deceased alive on <b>sep. 25, 1952</b> , and that death occurred at <b>6:50</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>J. D. Hubbard</b>		23b. ADDRESS <b>Union Memorial Hosp.</b>		23c. DATE SIGNED <b>Sept 25, 1952</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Sept 27-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stone Chapel</b>		
24d. LOCATION (City, town, or county) (State) <b>Pikesville</b>		24e. NAME OF CEMETERY OR CREMATORY <b>Stone Chapel</b>		24f. LOCATION (City, town, or county) (State) <b>Pikesville</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 27 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Frank H. Newell</b>		
VS 150 <b>1952000880 Pikesville Md.</b>						

8888

CERTIFICATE OF DEATH

DAY OF MONTH

AT THE CITY OF BALTIMORE

HOSPITAL

MARYLAND

MICHAEL LEE BROWN

DATE OF BIRTH

632  
52 8887BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8887

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Myrtle Martha Fritsch

2. DATE  
OF  
DEATH

Sept 26 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

612 E 28th St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

a. STATE

Md

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write U.S.A. and give  
township)

Baltimore

9-04

d. STREET ADDRESS (If rural, give location)

612 E 28th St

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 17 1887

9. AGE (In years  
last birthday)

65

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Balt Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Edward Collins

14. MOTHER'S MAIDEN NAME

Elmira Pitts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Thos Edward Fritsch

ADDRESS

Same

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute Coronary Occlusion

2 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1952, to Sept. 26, 1952, that I last saw the  
deceased alive on Sept. 25, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Lloyd E. Taylor

M. D.

23b. ADDRESS

3902 Greenmount

23c. DATE SIGNED

Sept 27 52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Sept 30 1952

24c. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24d. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

H. J. Jenkins, Amos 4905 York Rd

ADDRESS

Dr. Lloyd E. Taylor  
3902 Greenmount Ave

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8888**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>DR. SAMUEL WEISMAN</b>		2. DATE OF DEATH <b>9/25/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTO. CITY</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		C. CITY OR TOWN* (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 15-10</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>4004 LIBERTY HIGTS AVG</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>MAY 19, 1912</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>OWN OFFICE</b>	9. AGE (In years last birthday) <b>40</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Late Abraham Weisman</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no) <b>yes</b> (If yes, give war or date of service) <b>W W II</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Beulah ?</b>	
17. INFORMANT <b>HOSPITAL RECORDS - LUTHERAN HOSP.</b>		ADDRESS	

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Pulmonary Edema</b> DUE TO  (B) <b>Coronary Occlusion</b> DUE TO  (C) <b>Coronary Heart Disease</b>	INTERVAL BETWEEN ONSET AND DEATH  <b>45 min.</b>  <b>2 1/2 hrs.</b>  <b>UNKNOWN</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Sept 25, 1952** to **Sept 25, 1952**, that I last saw the deceased alive on **Sept 25, 11:55 PM**, and that death occurred at **11:59 m.**, from the causes and on the date stated above.

23A. SIGNATURE **Paul W. Gebhardt** M. D. 23B. ADDRESS **Lutheran Hospital** 23C. DATE SIGNED **9/25/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Shomra Shabaz</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 27 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Sal. Lennon</b>	ADDRESS <b>1124-26 W. North Avenue</b>

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Sinai Hospital of Balt. Inc

Length of stay in Baltimore

45 YRS.

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

26 Sept. '52

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3802 Cottage Avenue

8. DATE OF BIRTH

March 12, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Mrs. Helen Bard- 3508 Fallstaff Road

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1952, to 9/26, 1952, that I last saw the deceased alive on 26 Sept. 1952, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Horace W. Berninton M.D.

Sinai Hosp of Balt Inc

9/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/28/52

24C. NAME OF CEMETERY OR CREMATORY

Anshe Nesina

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 27 1952

Huntington Williams, M.D.

Sol. Henning + Bros - 1124-26 W.

VS 150

North Ave

19520208884

MEDICAL CERTIFICATION



52 8890  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8890

1. NAME OF DECEASED (Type or Print) <b>George Rangle</b>		2. DATE OF DEATH <b>Sept. 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>yes</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>642 Washington Blvd</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>55</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>642 Washington Blvd.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Apr. 23, 1876</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>tailor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>coat-maker</b>	9. AGE (in years last birthday) <b>76</b>
11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>215-05-0232</b>	
17. INFORMANT <b>R.V. Rangle</b>		ADDRESS <b>642 Wash. Blvd.</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis.</b> DUE TO <b>Anterolateral Cardio Vascular Disease</b> DUE TO <b>Angina Pectoris - Coronary Insufficiency.</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 1951</b> , to <b>Sept. 23, 1952</b> , that I last saw the deceased alive on <b>Sept 22, 1952</b> and that death occurred at <b>5:15 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>H. J. Janowski</b>		23B. ADDRESS <b>2711 Carters Ave.</b>	
23C. DATE SIGNED <b>Sept 24, 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 27/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Fredk Rd. Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 27 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Chas. W. Kachauskas</b>		ADDRESS <b>703 McHenry St.</b>	

19520008885

002 80

47.5

002 80

75-1

75-3

37-2

4620  
52 8891  
BIRTH NO.

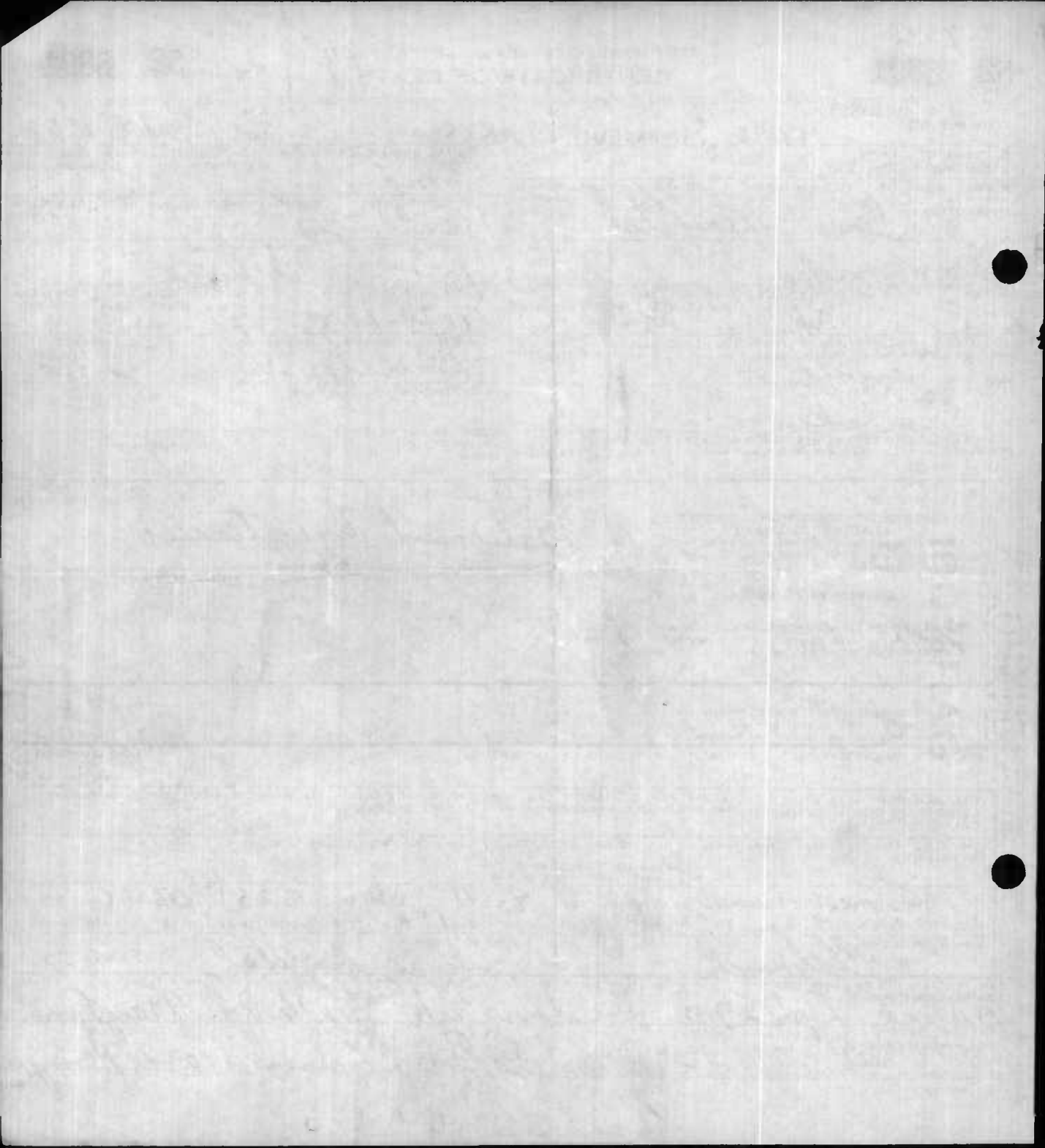
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8891

1. NAME OF DECEASED (Type or Print) <b>ANNIE (SAMBAKEN) MARKS</b>		2. DATE OF DEATH <b>9.25, 1952.</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>1512 E. Baltimore</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>7.20.1915</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>37</b>
13. FATHER'S NAME <b>Sambaken</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT		ADDRESS	

18. <b>445X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Malignant hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9.11</b> , 19 <b>52</b> , to <b>9.25</b> , 19 <b>52</b> that I last saw the deceased alive on <b>9.25</b> , 19 <b>52</b> , and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>E. Chelmon</b>		23b. ADDRESS <b>Sinai Hospital</b>		23c. DATE SIGNED <b>7.25.52.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 29/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Fredk. Rd. Maryland</b>		24e. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		24f. FUNERAL DIRECTOR <b>Charles W. Kachanakis</b>	
24g. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 27 1952</b>		24h. ADDRESS <b>703 W. Cherry St.</b>			





**CERTIFICATE CORRECTED** 10-6-52  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. **52 8892**

1. NAME OF DECEASED  
(Type or Print)

**EDWARD WM. HUFFMAN HOFMAN**

2. DATE OF DEATH **September 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**St. Agnes Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**129 Elizabeth Avenue**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

B. DATE OF BIRTH

9. AGE (In Years last birthday) **33**  
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Police Officer**

10B. KIND OF BUSINESS OR INDUSTRY  
**Police Dept.**

11. BIRTHPLACE (State or foreign country)  
**Maryland**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME  
**Paul Hoffman**

14. MOTHER'S MAIDEN NAME  
**Grace Lesner**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**Yes World War II**

16. SOCIAL SECURITY NO.  
**21401-5614**

17. INFORMANT ADDRESS  
**Wife Lorette Hoffman 129 Elizabeth Ave Baltimore**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**E816.1**

(A) **Crushing Injury of Chest and Abdomen**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**Street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**Wilkins Avenue 300' from De Soto Road**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**9/26/52 2:15 a.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?  
**auto and trailer truck collision**

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE  
**RBFisher**

23B. CHIEF MEDICAL EXAMINER.....☒ M.D.  
ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED  
**9/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**Sept 29-52**

24C. NAME OF CEMETERY OR CREMATORY  
**Meadowridge Cem**

24D. LOCATION (City, town, or county) (State)  
**Washington D.C.**

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 27 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams**

25. FUNERAL DIRECTOR  
**Belinda L. Perry**

ADDRESS  
**5146 Carroll Ave**

3028

STATE OF TEXAS

3028

Blank lined page with two binder holes on the right side.

516  
52 8893

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8893  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George F. H. Humphrey</i>			2. DATE OF DEATH <i>Sept. 25, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>526 N. Carrollton Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-02</i>		
c. Length of stay in Baltimore <i>2 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>526 N. Carrollton Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 15, 1922</i>	9. AGE (In years, last birthday) <i>29</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Co. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>George F. Humphrey</i>		
14. MOTHER'S MAIDEN NAME <i>Grace Scott</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Grace S. Humphrey</i>		
18. ADDRESS <i>526 N. Carrollton Ave.</i>			19. ADDRESS <i>526 N. Carrollton Ave.</i>		

18. <i>600.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Pyelo-nephritis</i>	<i>9 weeks</i>
ANTECEDENT CAUSES	(B) <i>High blood pressure</i>	<i>12 wks.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>and uremia of the kidneys causing Endocarditis</i>	<i>10 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8-4-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-4-52</i> to <i>9-25-52</i> that I last saw the deceased alive on <i>9-25-52</i> and that death occurred at <i>7:25 A. M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Jas. R. Blake</i>		23B. ADDRESS <i>1603 N. Caroline</i>		23C. DATE SIGNED <i>9-26-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept. 27, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 27 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>William Hill</i>	ADDRESS <i>1617 David Hill Ave</i>

5 97089 8800



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 8894

1. NAME OF DECEASED  
(Type or Print)

Charles Morewitz (Moravec)

2. DATE OF DEATH 9-25-1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Baltimore City Hospitals  
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write CORAL and give township)  
Baltimore

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
4940 Eastern Ave, Baltimore City Hospitals

5. SEX M 6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH April 23-1876

9. AGE (In years last birthday) 76 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Presser

10B. KIND OF BUSINESS OR INDUSTRY  
Men's Tailoring

11. BIRTHPLACE (State or foreign country)  
Md. Maryland

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME  
John Morewitz

14. MOTHER'S MAIDEN NAME  
Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT  
Baltimore City Hospitals Records: 4940 Eastern Ave.

18. 420.1  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Generalized Arteriosclerosis

10yrs

DUE TO

## ANTECEDENT CAUSES

(B) Marked Coronary sclerosis

2yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

II. Operation was for ulcerative colitis

19A. DATE OF OPERATION 9-22-1952

19B. MAJOR FINDINGS OF OPERATION  
Terminal Colostomy

20. AUTOPSY YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-1939, to 9-25-1952, that I last saw the deceased alive on 9-25-1952, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson, M.D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED 9-25-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE 9-27-52

24C. NAME OF CEMETERY OR CREMATORY  
Oak Hill

24D. LOCATION (City, town, or county) (State)  
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 27 1952

REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS  
Frank C. Vach & Son, 900 N. Chester Sr 5

See Document File 52-8894  
for query reply



220  
52 8895BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8895  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank J. Ruzek

2. DATE  
OF  
DEATH

9-25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1011 N. Charles St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

936 G. Patterson Ph. Ave

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 2, 1900

9. AGE (In years  
last birthday)

51

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Patrolman

10B. KIND OF BUSINESS OR INDUSTRY

Police Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Charles Ruzek

14. MOTHER'S MAIDEN NAME

Mary Mast

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Marie Ruzek 936 G. Patterson Ph. Ave

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ...  
DUE TOCoronary occlusion 1 day  
Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO  
(C) ...II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25-1952, to 9-25-1952, that I last saw the deceased alive on 9-25-1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-29-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Balt. Co. Md

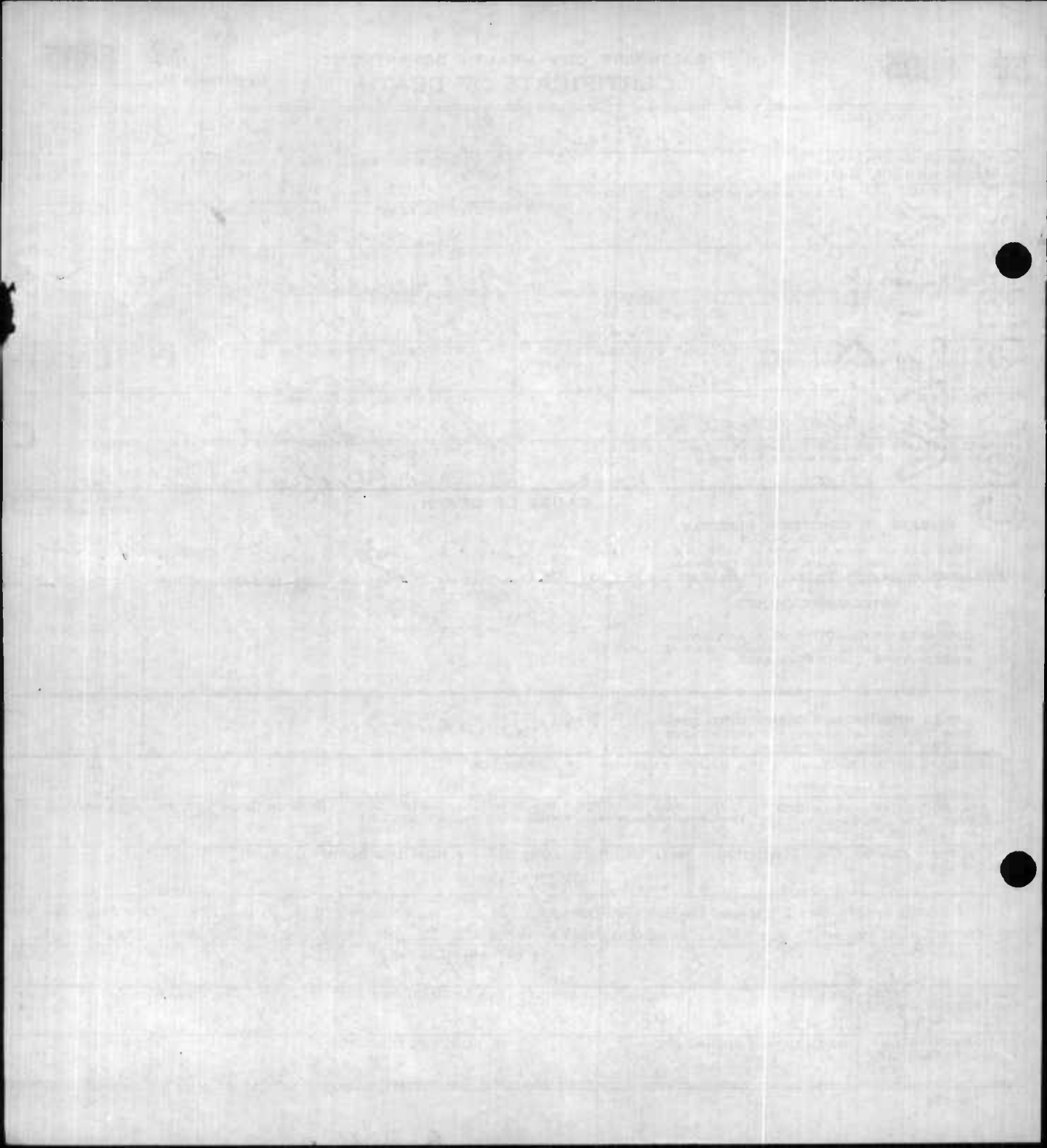
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Brock 1800 G. Cheater St. S



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8896  
Registered No.52 8896  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Stephen Yanecek</b>		2. DATE OF DEATH <b>9-26-1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2210 E. Eager Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>51 Years</b>		D. STREET ADDRESS (If rural, give location) <b>2210 E. Eager Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-1-1869</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	
13. FATHER'S NAME <b>Joseph Yanecek</b>		14. MOTHER'S MAIDEN NAME <b>Mary Nickel</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Non</b>	
17. INFORMANT <b>Mary Schaller, 2210 E. Eager Street</b>		ADDRESS	

18. **443X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

(A) **Hypertension**

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH  
**5 days**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from **Sept 27, 1952**, to **9-26, 1952**, that I last saw the deceased alive on **9-26, 1952**, and that death occurred at **4 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**Burial****9-29-1952****Holy Redeemer****Baltimore, Md.**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 27 1952****Frank Cvach & Son, 900 N. Chester St. 5**

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

ANDREW D. LEECH, PRINTER

1901

# CERTIFICATE CORRECTED 9-2-1952

AB-162743

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 8897

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Kleinsmith

2. DATE  
OF  
DEATH

9-25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE  
Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE  
Maryland  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 2-03

D. STREET ADDRESS (If rural, give location)  
503 S. Durham St.

E. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 26-1885

9. AGE (In years last birthday)

67 66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shucker

10B. KIND OF BUSINESS OR INDUSTRY

Oyster Packer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Kleinsmith

14. MOTHER'S MAIDEN NAME

Josephine Retuska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma

DUE TO

1 yr - 1

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-3-1952, to 9-25-1952, that I last saw the deceased alive on 9-25-1952, and that death occurred at 4.25 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-25-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/29/52

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, township, county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE

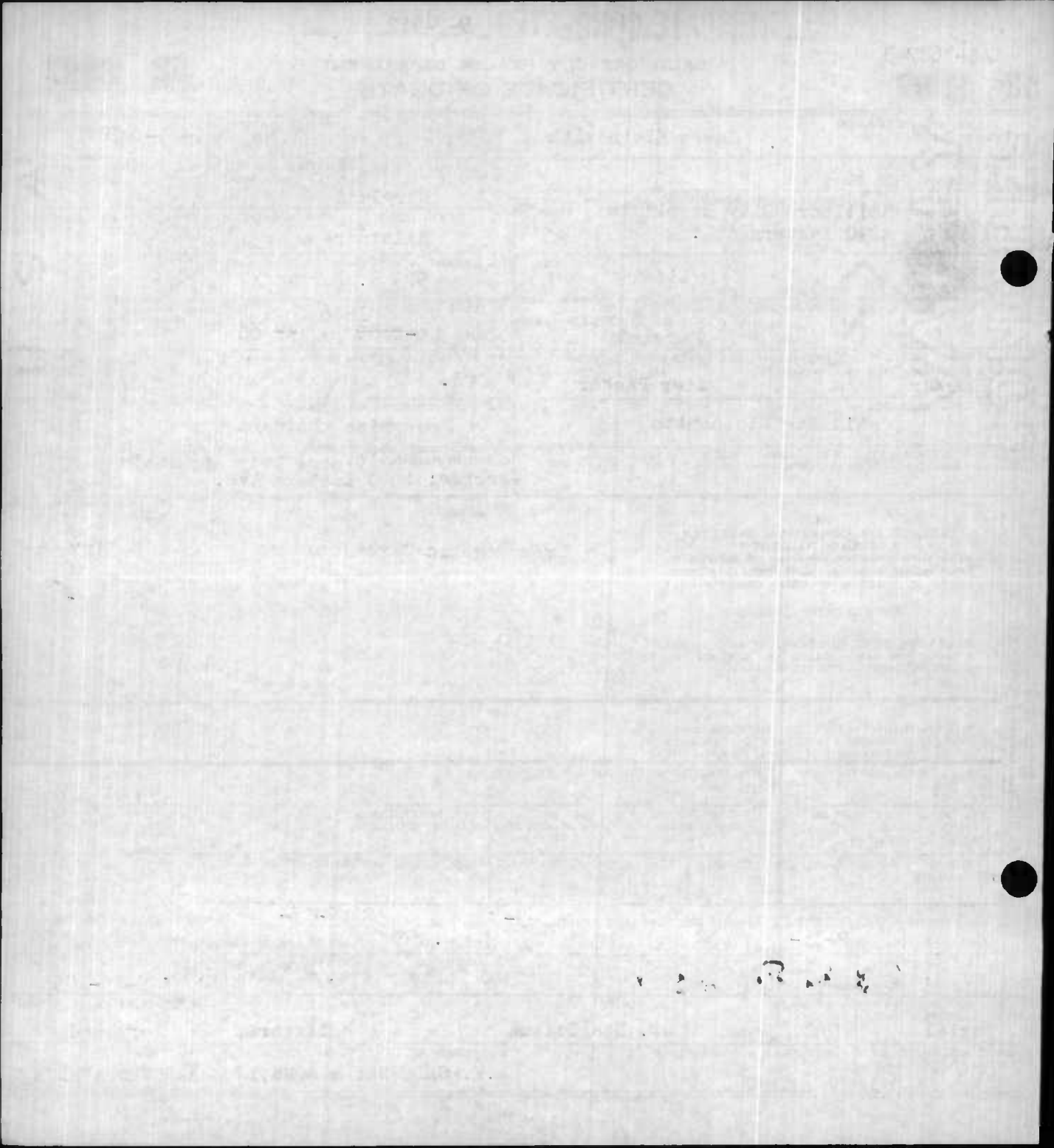
VS 150

MEDICAL CERTIFICATION

SEP 27 1952

1952 69042

Charles D. Seidman





600  
52 8898BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 8898

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Joseph H. Boyer

2. DATE  
OF  
DEATH

9-25-1952

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1952 to 9/25, 1952 that I last saw the  
deceased alive on 9/19, 1952, and that death occurred at 10:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL / CREMA-  
TION / REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

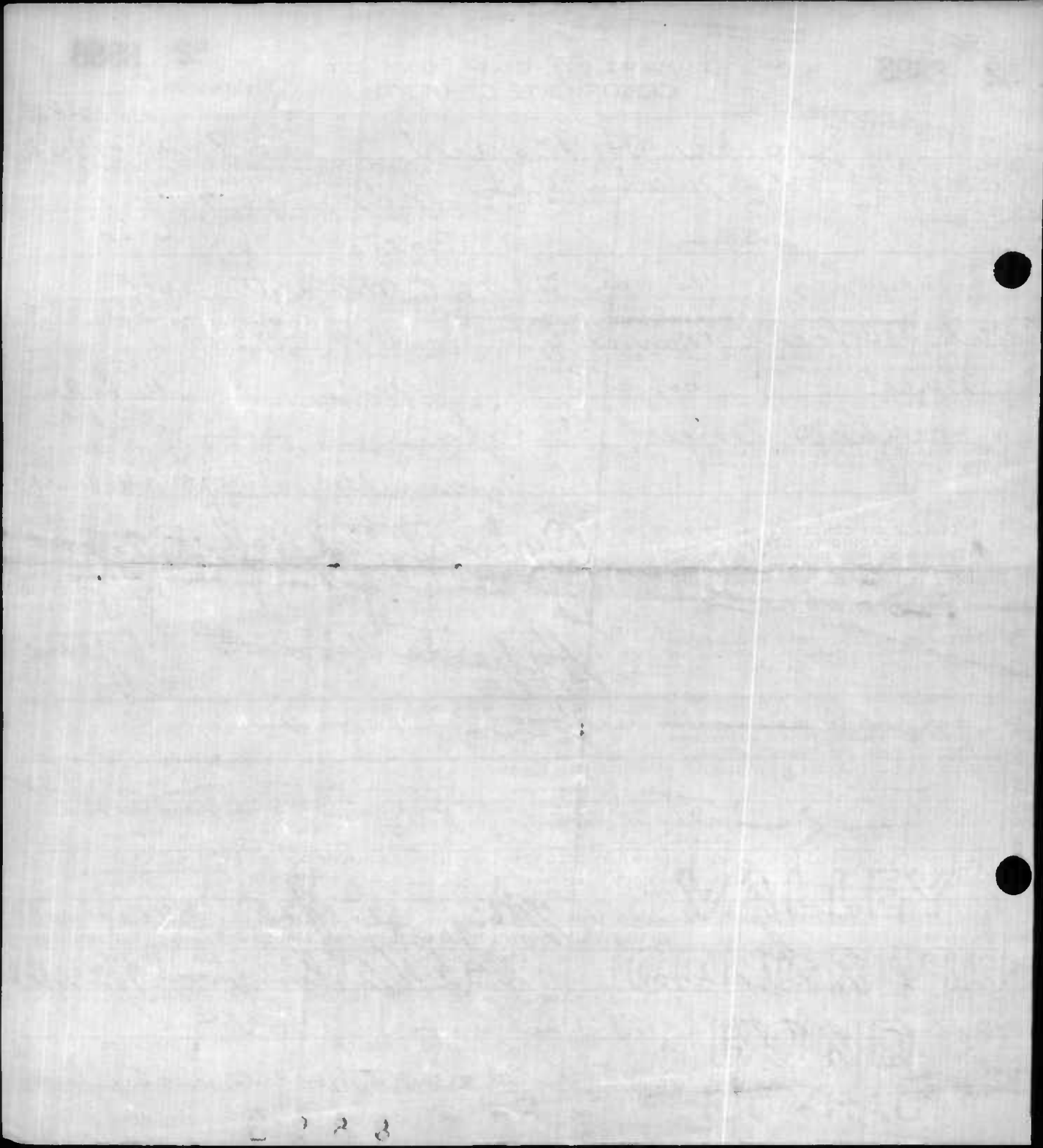
SEP 27 1952

Huntington Williams, M.D.

James A. Hayes, 638 N. 9th St.

VS 150

92069208823



600  
52 8899BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 8899

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LOWERY, George Washington</b>			2. DATE OF DEATH <b>Sept. 26, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Talbot</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>USPHS Hospital</b> <b>Wyman Pk. Dr. 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>7000</b>		
5. Length of stay in Baltimore <b>19 days</b>			D. STREET ADDRESS (If rural, give location) <b>Tilghman Island</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 22, 1892</b>	9. AGE (In years last birthday) <b>60</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fisherman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Seafarer</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Willaim Joseph Lowery</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT ADDRESS <b>Records - USPHS Hospital, Balto., Md.</b>	
18. <b>162x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Post-operative state (Lobectomy)</b> <b>Carcinoma of the lung, rt. with lymph node metastases. Type - squamous cell.</b> INTERVAL BETWEEN ONSET AND DEATH <b>approximate one week</b>			19. MAJOR FINDINGS OF OPERATION <b>Carcinoma of lung with metastases</b>		
19A. DATE OF OPERATION <b>Sept. 19, 1952</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 7</b> , 1952, to <b>Sept. 26</b> , 1952 that I last saw the deceased alive on <b>Sept. 26</b> , 1952, and that death occurred at <b>8:40Pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. A. Hunter</b> J. A. Hunter Clinical Director		23B. ADDRESS <b>USPHS Hospital, Balto., Md.</b>		23C. DATE SIGNED <b>9/27/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9/29/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Tilghman</b>	
24D. LOCATION (City, town, or county) <b>Talbot</b>		24E. STATE <b>Md</b>		25. FUNERAL DIRECTOR <b>Bud Moore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 27 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		ADDRESS <b>Tilghman</b>	

# CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1900

1900

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of family</p>	
<p>13. Signature of clergyman</p>		<p>14. Signature of undertaker</p>		<p>15. Signature of funeral home</p>	
<p>16. Signature of cemetery</p>		<p>17. Signature of burial place</p>		<p>18. Signature of interment</p>	
<p>19. Signature of burial society</p>		<p>20. Signature of burial fund</p>		<p>21. Signature of burial association</p>	
<p>22. Signature of burial committee</p>		<p>23. Signature of burial board</p>		<p>24. Signature of burial council</p>	
<p>25. Signature of burial society</p>		<p>26. Signature of burial fund</p>		<p>27. Signature of burial association</p>	
<p>28. Signature of burial committee</p>		<p>29. Signature of burial board</p>		<p>30. Signature of burial council</p>	
<p>31. Signature of burial society</p>		<p>32. Signature of burial fund</p>		<p>33. Signature of burial association</p>	
<p>34. Signature of burial committee</p>		<p>35. Signature of burial board</p>		<p>36. Signature of burial council</p>	
<p>37. Signature of burial society</p>		<p>38. Signature of burial fund</p>		<p>39. Signature of burial association</p>	
<p>40. Signature of burial committee</p>		<p>41. Signature of burial board</p>		<p>42. Signature of burial council</p>	
<p>43. Signature of burial society</p>		<p>44. Signature of burial fund</p>		<p>45. Signature of burial association</p>	
<p>46. Signature of burial committee</p>		<p>47. Signature of burial board</p>		<p>48. Signature of burial council</p>	
<p>49. Signature of burial society</p>		<p>50. Signature of burial fund</p>		<p>51. Signature of burial association</p>	
<p>52. Signature of burial committee</p>		<p>53. Signature of burial board</p>		<p>54. Signature of burial council</p>	
<p>55. Signature of burial society</p>		<p>56. Signature of burial fund</p>		<p>57. Signature of burial association</p>	
<p>58. Signature of burial committee</p>		<p>59. Signature of burial board</p>		<p>60. Signature of burial council</p>	
<p>61. Signature of burial society</p>		<p>62. Signature of burial fund</p>		<p>63. Signature of burial association</p>	
<p>64. Signature of burial committee</p>		<p>65. Signature of burial board</p>		<p>66. Signature of burial council</p>	
<p>67. Signature of burial society</p>		<p>68. Signature of burial fund</p>		<p>69. Signature of burial association</p>	
<p>70. Signature of burial committee</p>		<p>71. Signature of burial board</p>		<p>72. Signature of burial council</p>	
<p>73. Signature of burial society</p>		<p>74. Signature of burial fund</p>		<p>75. Signature of burial association</p>	
<p>76. Signature of burial committee</p>		<p>77. Signature of burial board</p>		<p>78. Signature of burial council</p>	
<p>79. Signature of burial society</p>		<p>80. Signature of burial fund</p>		<p>81. Signature of burial association</p>	
<p>82. Signature of burial committee</p>		<p>83. Signature of burial board</p>		<p>84. Signature of burial council</p>	
<p>85. Signature of burial society</p>		<p>86. Signature of burial fund</p>		<p>87. Signature of burial association</p>	
<p>88. Signature of burial committee</p>		<p>89. Signature of burial board</p>		<p>90. Signature of burial council</p>	
<p>91. Signature of burial society</p>		<p>92. Signature of burial fund</p>		<p>93. Signature of burial association</p>	
<p>94. Signature of burial committee</p>		<p>95. Signature of burial board</p>		<p>96. Signature of burial council</p>	
<p>97. Signature of burial society</p>		<p>98. Signature of burial fund</p>		<p>99. Signature of burial association</p>	
<p>100. Signature of burial committee</p>		<p>101. Signature of burial board</p>		<p>102. Signature of burial council</p>	

632  
52 8900BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8900

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 27 1952

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





500  
52 8901BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 8901

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John E. Finn

2. DATE  
OF  
DEATH

Sept. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

c. Length of stay in Baltimore

62

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

Balto.

C. CITY OR TOWN

Catonsville

5252

D. STREET ADDRESS (If rural, give location)

6602 Lochinvar Drive

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan 1, 1890

9. AGE (In years last birthday)

62

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR INDUSTRY

Maryland Dry Dock, Balto Md.

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

—

13. FATHER'S NAME

Edmund Joseph Finn

14. MOTHER'S MAIDEN NAME

Ellen Daly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

214-03-216

17. INFORMANT

Emma Finn

ADDRESS

6602 Lochinvar Drive

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY Occlusion

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular Disease

DUE TO

2 years.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1950, to Sept 1952, that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Irwin P. Klemkowski

M. D.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

9/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-29-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county) (State)

A. A. County Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

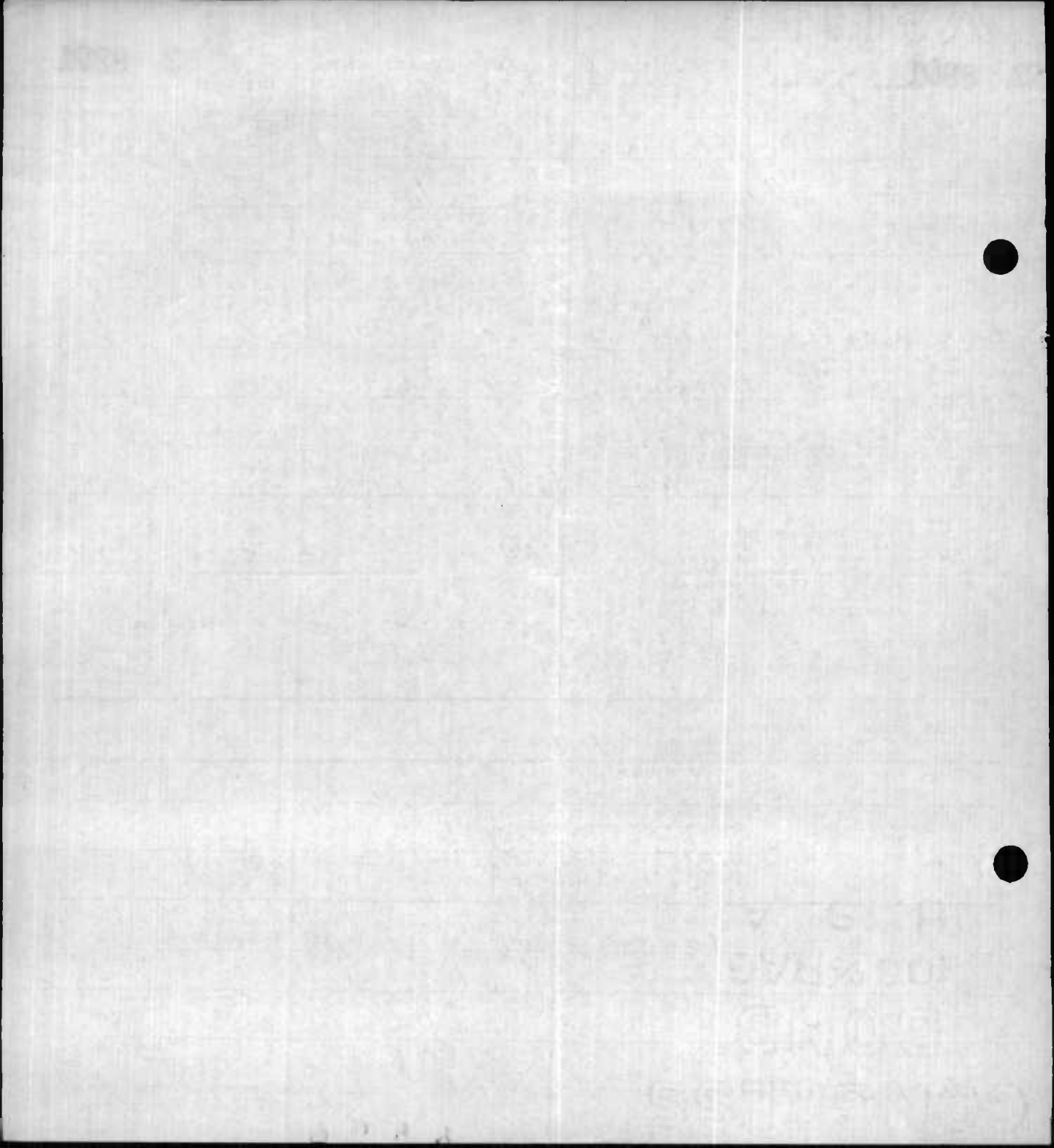
25. FUNERAL DIRECTOR

George D. Farley Catonsville, Md

ADDRESS

correct age is especially important. Physicians, please print name and address.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8902  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Leonard Brown*

2. DATE  
OF  
DEATH

*9-6-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF \_\_\_\_\_  
HOSPITAL OR INSTITUTE (If not in hospital or institution, give street address or location)

*Maryland State Penitentiary*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*1120 Milmer Street*

*WILMER CT.*

5. SEX

*Male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

*52*

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*N*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*N*

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

*W*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *334X* *N*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral and Coronary ARTERIOSCLEROSIS*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*R. F. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

*9-7-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Huntington Williams, M.D.*

V S 151

UNIVERSITY MEDICAL SCHOOL SEP 19 1952

8897

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THE UNITED STATES OF AMERICA

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DEPARTMENT OF HEALTH

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HYGIENIC TO THE PEOPLE

DEPARTMENT OF HEALTH

HYGIENIC TO THE PEOPLE

2. DATE OF DEATH 9-13-52

Baltimore

o. STREET ADDRESS (If rural, give location)

ADDRESS \_\_\_\_\_

ADDRESS

V S 151

1981-1982

1981-1982

1981-1982

1981-1982

1981-1982

1981-1982

1981-1982

1981-1982

1981-1982



52 8904

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8904  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RICHARD

CALVERT

2. DATE  
OF DEATH September 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Pennsylvania

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Philadelphia

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

W

16. SOCIAL  
SECURITY NO.

17. INFORMANT

N

ADDRESS

18. E812.4<sup>N</sup>

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Craniocerebral Injury

~~INDISTINCT~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Crushing Injury of Chest

~~INDISTINCT~~

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Route 40, 600' south of Sunburst Inn

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9/4/52 12:30

21E. INJURY OCCURRED

A. m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. H. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

9/12/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Huntington Williams, M.D.*

VS 151

N 862.2

5 2 0 0 0 8 8 0 0

4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1988 2

1988 2

CERTIFICATE OF DEATH

1. Name of deceased		2. Date of birth	
3. Sex		4. Race	
5. Usual residence		6. Date of death	
7. Cause of death		8. Place of death	
9. Signature of physician		10. Signature of registrar	
11. Date of registration		12. Registrar's office	
13. District		14. County	
15. State		16. Federal	
17. Zip		18. Telephone	
19. Other		20. Other	
21. Other		22. Other	
23. Other		24. Other	
25. Other		26. Other	
27. Other		28. Other	
29. Other		30. Other	
31. Other		32. Other	
33. Other		34. Other	
35. Other		36. Other	
37. Other		38. Other	
39. Other		40. Other	
41. Other		42. Other	
43. Other		44. Other	
45. Other		46. Other	
47. Other		48. Other	
49. Other		50. Other	
51. Other		52. Other	
53. Other		54. Other	
55. Other		56. Other	
57. Other		58. Other	
59. Other		60. Other	
61. Other		62. Other	
63. Other		64. Other	
65. Other		66. Other	
67. Other		68. Other	
69. Other		70. Other	
71. Other		72. Other	
73. Other		74. Other	
75. Other		76. Other	
77. Other		78. Other	
79. Other		80. Other	
81. Other		82. Other	
83. Other		84. Other	
85. Other		86. Other	
87. Other		88. Other	
89. Other		90. Other	
91. Other		92. Other	
93. Other		94. Other	
95. Other		96. Other	
97. Other		98. Other	
99. Other		100. Other	

AB-162771  
52 8905  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8905  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Alfred Tenner</b>		2. DATE OF DEATH <b>Sept. 25-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>11-04</b>	
c. Length of stay in Baltimore <b>48yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>304 West Lanvale St. zone 17</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Jan. 1- 1900</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RECTIFIER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DISTILLERY</b>	9. AGE (In years last birthday) <b>52</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. 9</b>	
13. FATHER'S NAME <b>Max Tenner (D)</b>		14. MOTHER'S MAIDEN NAME <b>Katie Harkin (D)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>			

18. <b>454X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Gastric Dilatation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
DUE TO ANTECEDENT CAUSES <b>Thrombosis, right Femoral Artery</b>		<b>24hrs</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-23-1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Bil. Lumbar Ganglionectomy</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-4-</b> <b>1952</b> , to <b>9-25-</b> <b>1952</b> , that I last saw the deceased alive on <b>9-25-</b> <b>1952</b> , and that death occurred at <b>5.30AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>H.C. Johnson, M.D.</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>9-25-1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/28/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	
24D. LOCATION (City, town, or county) (State) <b>Balt - Md</b>		25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, M. J. &amp; Sons Inc - 2100 Eutan PL</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 26 1952</b>		VS 150			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1952 9 25 2 46

2002

100

RECEIVED BY THE  
OFFICE OF THE  
TREASURER OF THE  
STATE OF CALIFORNIA

100

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216

52 8906

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8906

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank H. Rosebery

2. DATE  
OF  
DEATH

Sept 27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2021 E. 32nd St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2021 E. 32nd St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 14, 1876

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

salesman (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Rosebery

14. MOTHER'S MAIDEN NAME

Nora Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, on or onkoowoo) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

215-01-5760-4 Mrs. Louise W. Rosebery-2021 E. 32nd St.

17. INFORMANT

ADDRESS

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pulmonary edema &  
myocardial failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio sclerotic changes  
renal disease

(C)

3 yr

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Prostate hypertrophy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1948, to Sept 27, 1952, that I last saw the  
deceased alive on Sept 26, 1952, and that death occurred at 11:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

L. B. Smith

23B. ADDRESS

M. D.

3929 Chestnut St

23C. DATE SIGNED

Sept 27-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/29/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Woodlawn

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Lickner &amp; Sons

SEP 28 1952

VS 150 1952

5200

Barto 17, Md.

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1911

1911

1911

CAUSE OF DEATH

1. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

2. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

3. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

4. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

5. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

6. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

7. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.

8. I hereby certify that the above is a true and correct copy of the original record of the death of the person named above, as the same appears in the records of the Bureau of Vital Statistics of the State of New York.



52 8907

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8907

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JESSE L. OWINGS

2. DATE  
OF  
DEATH

Sept. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)

3009 Independence St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

3009 Independence St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 14, 1868

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jesse Owings

14. MOTHER'S MAIDEN NAME

Emily J. Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

St.

Mrs. Mary W. Owings - 3009 Independence

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Senility

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Sept. 1952, that I last saw the  
deceased alive on Sept. 25, 1952, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/29/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1952

Huntington Williams, M.D.

J. J. Vickner &amp; Sons

VS 150

195200089000 Bueto 17. Md.

MEDICAL CERTIFICATION

1947

CENTROCENTRO DE DEATH

1947

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8908  
Registered No. \_\_\_\_\_52 8908  
BIRTH NO. \_\_\_\_\_1. NAME OF DECEASED  
(Type or Print)

MABEL BRENT PEARL

2. DATE  
OF  
DEATH

Sept. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Melchor Nursing Home  
2329 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2017 St. Paul St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 3, 1884

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Barton Garrott

14. MOTHER'S MAIDEN NAME

Lydia Atkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT ADDRESS  
Mr. George B. Garrott-Thurmont Md.

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) LYM PHATIC LEUKEMIA  
DUE TO

2 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROSIS

1 YR.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEP 7. 2, 1952 to SEP 7. 27, 1952 that I last saw the  
deceased alive on SEP 7. 27, 1952 and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/29/52

24C. NAME OF CEMETERY OR CREMATORY

St. Mark's Cem.

24D. LOCATION (City, town, or county)

Maryland Tract, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1952

Huntington Williams, M.D.

26. J. J. Lickens &amp; Sons

Baltimore, Md.

100

52 8909

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8909

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SUSIE E. LE LAND

2. DATE  
OF  
DEATH

Sept. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
Hood Nursing Home

5313 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

Ramblewood Apts. 1300 E. Belvedere Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 4, 1861

9. AGE (In years, last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

90

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. T. Carroll Brown-Md. Trust Co., Baltimore

18. 331X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Generalized Arterio Sclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1952, to 9-26, 1952, that I last saw the deceased alive on 9-26, 1952, and that death occurred at 11:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/29/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1952

Huntington Williams, M.D.

Wm. J. Dickner &amp; Sons

VS 150

1952092800 Baltimore, Md.

MEDICAL CERTIFICATION





152  
52 8910BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8910  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Wesley J EVANS</i>		2. DATE OF DEATH <i>9.26.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>104 Jackson Pl. # 31</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i> <i>6-05</i>	
7. Length of stay in Baltimore Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) <i>104 Jackson Pl. # 31</i>	
9. SEX <i>M</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	12. DATE OF BIRTH <i>5.27.1877</i>
13. USUAL OCCUPATION (Give full work done during most of working life, even if retired) <i>Marine Mechanic</i>		14. AGE in years last birthday <i>75</i>	
15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) <i>Balt. Md.</i>	
17. FATHER'S NAME <i>Nimrod Francis Evans</i>		18. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		20. SOCIAL SECURITY NO.	
21. MOTHER'S MAIDEN NAME <i>Mary Ellen O'Neill</i>		22. INFORMANT <i>Miss Donna Kailer, 4215 Bayonne</i>	

## CAUSE OF DEATH

18. *163x* I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) *Pulmonary carcinoma*  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7.31*, 19*52* to *9.25*, 19*52* that I last saw the deceased alive on *9.25*, 19*52* and that death occurred at *2 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Chelminsky</i>		23B. ADDRESS <i>Senai Hospital</i>		23C. DATE SIGNED <i>9.26.52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>		24B. DATE <i>9/29/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR <i>Mr. Conner 1214 St Paul St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS	

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RECEIVED BY THE

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52 8911

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8911

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Benny Shumel

2. DATE  
OF  
DEATH

9-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

S B G H

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

South Balto. Gen Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

3407 Fieldlea Ct. Balto. 26

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-06

D. STREET ADDRESS (If rural, give location)

3407 Fieldlea Ct. Fairfield

Length of stay in Baltimore

13 - Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

Aug 16 1951

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Shumel

14. MOTHER'S MAIDEN NAME

Lulu Maines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John Shumel 3407 Fieldlea Ct

18. 057.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Meningococcal Meningitis  
DUE TO Meningococci

24 hr?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-25-52 5:57 PM to 7:10 PM, that I last saw the  
deceased alive on Sept 25, 1952, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John Bonway

M. D.

23B. ADDRESS

South Balto Gen Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1952

Huntington Williams, Md

George J Gonce 4001 Ritchie H

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 8912		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 52 8912	
BIRTH NO. 100 Res.		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <b>Judy K. M<sup>rs</sup> Cracken</b>		2. DATE OF DEATH <b>9-27-52</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>			
B. FULL NAME OF <del>not in hospital or institution, give street address or location</del> <b>Lutheran Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BRAESHAU</b>			
D. STREET ADDRESS (If rural, give location) <b>RURAL OF TOWSON, MD</b>		Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>			
5. Length of stay in Baltimore <b>2</b>		8. DATE OF BIRTH <b>JUNE 1, 1949</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	9. AGE (In years last birthday) <b>3</b>	10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BALTO CO., MD.</b>	
13. FATHER'S NAME <b>ROY M. CRACKEN</b>		14. MOTHER'S MAIDEN NAME <b>GAY BARR</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>ROY M. CRACKEN BALTO CO., MD</b>	
18. <b>E916.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>2<sup>nd</sup> &amp; 3<sup>rd</sup> Degree Burns of 80% of Body</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>burn near home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>BALTO CO. (COUNTY) burn near home - Old Court Rd</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 27, 1952 3pm</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>dress caught fire while playing</b>	
22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William W. Barrett</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>7-28-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>SEPT. 30 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>GLADE SPRING CEM.</b>	
24D. LOCATION (City, town, or county) (State) <b>GLADE SPRING VA.</b>		25. FUNERAL DIRECTOR <b>JOSEPH T. FOSTER</b>		ADDRESS <b>Bel Air, MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

VS 151 N-948.2





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52 8913

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8913

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Margaret Mary C Chambers*2. DATE  
OF  
DEATH*26 Sept 1952  
6:30 P.M.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1200 Valley St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*1200 Valley St*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION*Little Sisters of the Poor*

C. Length of stay in Baltimore

*6 yrs*Yrs.  
Mos.  
Days

5. SEX

*Female*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*16 Aug 1877*9. AGE (in years  
last birthday)*75*If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baeto*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Alfred C Chambers*

14. MOTHER'S MAIDEN NAME

*Catherine Holmes*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

*Chronic Myocarditis*INTERVAL BETWEEN  
ONSET AND DEATH*1 year*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Arterio Sclerosis**5 yrs*

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 7*, 1952, to *Sept 26*, 1952, that I last saw the  
deceased alive on *Sept 25*, 1952, and that death occurred at *6:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*E. G. Hall*

M. D.

23B. ADDRESS

*1631 E. North Ave*

23C. DATE SIGNED

*Sept 27-52*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*Sept 30/52*

24C. NAME OF CEMETERY OR CREMATORY

*Cathedral*

24D. LOCATION (City, town, or county)

*Baltimore*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR*SEP 28 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Rea Wiedefeld 900 E. Biddle St*

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MEDICAL CERTIFICATION

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH

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52 8914

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8914

BIRTH NO. 11011 Res

1. NAME OF DECEASED  
(Type or Print)

HOWARD W. JEFFERSON

2. DATE  
OF  
DEATH

September 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

1809 N. Barclay Street

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 10, 1952

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

5 17

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cumberland, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lawton H. Jefferson

14. MOTHER'S MAIDEN NAME

Catherine E. Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Lawton H. Jefferson 1809 Barclay St.

18. 756.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic diarrhea

~~ENTER~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Multiple terminal intussusceptions

~~ENTER~~

(C) Meckel's diverticulum

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

Sept. 27, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 29, 1952

Holy Redeemer Cemetery Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1952

Huntington Williams, M.D.

Elmer W. Conklin 924 E. Eager St.

VS 151

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1103 52



52 8915

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8915

BIRTH NO.

Registered No.

1. NAME OF DECEASED  
(Type or Print)

JOHN SOLDER

2. DATE  
OF  
DEATH

Sept 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

327 S. Stricker St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)

327 S. Stricker St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year

If Under 24 Hours

MALE

White

MARRIED

April 25, 1890

62

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Shipping Clerk

Furniture

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES SOLDER

14. MOTHER'S MAIDEN NAME

ANNIE NOLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

No

327 S. Stricker St  
Rose G. Solder

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary thrombosis

6 months

## ANTECEDENT CAUSES

DUE TO

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 11 1952, to 9/25, 1952, that I last saw the  
deceased alive on 9/25, 1952, and that death occurred at 9:57 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Benjamin Wilks MD

M.D.

1030 Wilkins Ave

9/25/52

24A. BURIAL: CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

9-29-1952

New Cathedral

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1952

Huntington Williams, Jr.

Hoff &amp; B.M. Walters

WATNEY  
CONCRETE  
BOND  
STANDARD



536  
52 8916BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8916  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CARRIE BROWN UNDERHILL</b>		2. DATE OF DEATH <b>SEPT. 27, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Kenesaw nursing home</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Kenesaw nursing home</i> <i>2601 Rosky mans home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i> <b>14-01.</b>	
c. Length of stay in Baltimore <i>over 60 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1509 Park en.</i> <b>PARK AVE</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 24, 1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		9. AGE (In years last birthday) <b>77</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MD.</b>	
13. FATHER'S NAME <i>William H. Brown</i>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
14. MOTHER'S MAIDEN NAME <i>Martha Robb</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <b>MRS. R. SMITH 6212 HADDOON AVE.</b>	
18. <b>159x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>gastro-intestinal hemorrhage</b> <b>Probably ruptured vessel.</b> <b>Possible malignancy</b>		CAUSE OF DEATH <b>massive</b> <b>16 hours</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>none</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 hours</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>			
19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	
21C. WHERE DID INJURY OCCUR? <b>none</b>		21D. HOW DID INJURY OCCUR? <b>none</b>	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>none</b>		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Dec 8, 1921</b> , to <b>Sept 27, 1952</b> , that I last saw the deceased alive on <b>Sept 27, 1952</b> , and that death occurred at <b>10:05</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John A. Luetricher</i>		23B. ADDRESS <b>12 E Eager St - Baltimore MD</b>	
23C. DATE SIGNED <b>Sept 27, 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9-29-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>LORRAINE PARK</b>		24D. LOCATION (City, town, or county) (State) <b>WOODLAWN MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>		25. FUNERAL DIRECTOR ADDRESS <b>H.W. JENKINS &amp; SONS Co. 4905 YORK ROAD</b>	

1912

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH

1912

1912

1912

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH  
OFFICE OF THE STATE HEALTH OFFICER  
SAN FRANCISCO, CALIFORNIA

REPORT

OF THE STATE HEALTH OFFICER  
FOR THE YEAR 1912

AND THE RESULTS OF THE INVESTIGATION

OF THE CAUSES OF DEATH IN CALIFORNIA

FOR THE YEAR 1912

1912

THE STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE STATE HEALTH OFFICER  
SAN FRANCISCO, CALIFORNIA

REPORT  
OF THE STATE HEALTH OFFICER  
FOR THE YEAR 1912  
AND THE RESULTS OF THE INVESTIGATION  
OF THE CAUSES OF DEATH IN CALIFORNIA  
FOR THE YEAR 1912

THE STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE STATE HEALTH OFFICER  
SAN FRANCISCO, CALIFORNIA

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8917  
Registered No.

52 8917  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Edmund Helferstay</b>		2. DATE OF DEATH <b>9-28-52</b> (Sun)	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore Gen. Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore (25)</b>	
Length of stay in Baltimore <b>About 30 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>615 ARSOX Ave</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 24, 1912</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist Helper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B.O.R.P.</b>	9. AGE (In years last birthday) <b>40</b>
11. BIRTHPLACE (State or foreign country) <b>Cambridge, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Howard O. Helferstay</b>		14. MOTHER'S MAIDEN NAME <b>Julia I. Wayne</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Mrs. Betty R. Helferstay (wife)</b>	
16. SOCIAL SECURITY NO. <b>215-09-5601</b>		ADDRESS <b>Same</b>	

18. <b>443x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardio-vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William W. Evans</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>7-28-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 1, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Brooklyn P. O. Co., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		
25. FUNERAL DIRECTOR <b>P. Howard Evans</b>		ADDRESS <b>69050, 14005, Charles St Balto 30, Md.</b>		

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

In case of death clearly and legibly.

1100 30

1100 30

1100 30

1100 30

1100 30

1100 30

1100 30

262  
52 8918BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8918

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>DiGiorgio, Andrew John</u>			2. DATE OF DEATH <u>September 28, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>27-34</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>5878 Belair Road</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN. 27-1918</u>	9. AGE (In years last birthday) <u>34</u>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Baltimore Transit Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <u>Rosalie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>217-03-0563</u>	17. INFORMANT <u>MRS. GLENNA Di Giorgio - Belair</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			ADDRESS <u>5878</u>		

18. <u>153X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) <u>Carcinoma of sigmoid colon with</u> DUE TO  (B) <u>metastases</u> DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>August 4, 1952</u> <u>July 29, 1952</u>	19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectosigmoid</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE m. WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1952 to September 28 1952, that I last saw the  
deceased alive on Sept. 28, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Dr. Ham Up Row</u>	23B. ADDRESS <u>1400 N. Caroline St.</u>	23C. DATE SIGNED <u>Sept. 28, 1952</u>
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10/1/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>BALTO NATIONAL</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 29 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>J. Luck</u>
VS 150		ADDRESS <u>5305 Harford Road</u>

MEDICAL CERTIFICATION

STATE OF TEXAS

Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side. The text is organized into several paragraphs and appears to be a legal document or official record.



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-460

52 8919

BEALER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8919

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Charles Bealer</i>		2. DATE OF DEATH <i>27 Sept 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18 9-01</i>	
c. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>1</i> Days <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>938 E. 41st St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8 Sept 1905</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office Manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Liquor</i>	9. AGE (In years last birthday) <i>47</i>
11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John P. Bealer</i>		14. MOTHER'S MAIDEN NAME <i>Mary Gist</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unk.</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Mabel Bealer</i>		ADDRESS <i>938 E 41st</i>	
18. <i>416X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Failure</i> DUE TO ANTECEDENT CAUSES <i>Rheumatic Heart Disease</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>about 2 months</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>31 Aug</i> , 19 <i>52</i> , to <i>27 Sept</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>27 Sept</i> , 19 <i>52</i> , and that death occurred at <i>125 A.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Thos. A. Mowley</i>		23B. ADDRESS <i>Union Memorial Hospital</i>	
23C. DATE SIGNED <i>27 Sept 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-30-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>J. Rack</i>		ADDRESS <i>5305 Maryland Rd</i>	

VS 150

195229046

0103

52

0103

52

CHARTER OF DEATH

453

52 8920

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8920

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY P. Hyland

2. DATE  
OF  
DEATH

Sept 26-1952

3. PLACE OF DEATH:  
a. Baltimore City, Marylandb. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

5507 Plymouth Rd

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 2-1898

9. AGE (in years  
last birthday)

53

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Co, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Strober

14. MOTHER'S MAIDEN NAME

LAURA V. ENIASON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MR. Joseph W. Hyland - same

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of Stomach  
metastasis

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) malnutrition anemia  
(C) Cachexia + emaciationII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 14 1951 Ca stomach + metastasis to lymph glands.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORKI hereby certify that I attended the deceased from 9/26, 1952, to 9/26, 1952, that I last saw the  
deceased alive on 9/26, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. W. H. Hunter

23B. ADDRESS

3009 Evergreen Ave

23C. DATE SIGNED

9/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county) (State)

BALTO Md

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. 5305 HARFORD.

\* Was under care of Dr. De Vincentis who is away at present.

operation

Mercy Hosp.

Dr. Pasano -  
June 7

Dignity Established &  
Operation

Dr. Minzee  
Evergreen & Wisteria

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8921**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **AUGUSTA READEL**

2. DATE OF DEATH **9/26/52**  
before admission)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
**MERCY HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD** B. COUNTY **27-05**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE**

D. STREET ADDRESS (If rural, give location)  
**4100 GLENMORA AVE #14**

C. Length of stay in Baltimore

5. SEX **F** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **single**

8. DATE OF BIRTH **?** 9. AGE (In years last birthday) **55** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**STEVOGRAPHER** 10B. KIND OF BUSINESS OR INDUSTRY **RAILROAD**

11. BIRTHPLACE (State or foreign country) **MD** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME  
**AUGUST C. READEL**

14. MOTHER'S MAIDEN NAME  
**PETERS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**HOSP RECORDS**

18. **420.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CEREBRAL EMBOLISM**

**5 days**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ACUTE MYOCARDIAL INFARCTION**

**6 days**

DUE TO

(C) **HYPERTENSIVE CVD**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. DECEASED WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/19**, 1952 to **9/26**, 1952, that I last saw the deceased alive on **9/26**, 1952 and that death occurred at **2 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

**C. A. Delaney** M.D.

**2300 York**

**9/25/52**

**Burial**

**9-29-52**

**Holy Redeemer**

**Bald Md**

**SEP 29 1952**

**Huntington Williams, M.D.**

**J. Luck**

**5305**

**Harford Rd**

350550 0 8 9 1 6

1908

57

1908

57



200  
52 8922BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8922  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miss ANNA B. Mix

2. DATE  
OF  
DEATH

Sept. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2918 Arlington Ave.

c. Length of stay in Baltimore

(All of Life)

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2918 Arlington Ave.

5. SEX

6. COLOR OR RACE

Female

White

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret'd

13. FATHER'S NAME

George F. Mix

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(No)

16. SOCIAL SECURITY NO.

213-10-2943

8. DATE OF BIRTH

July 31, 1876

9. AGE (In years last birthday)

76 yrs

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTH PLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

ANNA M. RAMSAUER

17. INFORMANT

Mrs Raymond Richl 2918 Arlington Ave. Balto. Md.

18. 420.1 and 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute coronary thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) arteriosclerosis (mixed)

5 yrs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Bladder

1 yr.

19A. DATE OF OPERATION

May 7, 52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Bladder

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1, 1948 to Sept 27, 1952, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George Samuels

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

9/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hudson Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Rd. Balto. 14, Md.

1950

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1950

1950



460  
52 8923BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH+ 52 8923  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARAH ELIZABETH

TAYLOR

2. DATE  
OF  
DEATH

SEPT. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

CHURCH HOME &amp; HOSPITAL

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

15 yrs

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

13. FATHER'S NAME

Ben Ashire

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

929 Oakleigh Beach

8. DATE OF BIRTH

7/17/1885

9. AGE (in years  
last birthday)

67

H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Francis Sours

17. INFORMANT 337-A. Old North Pt. Rd.

Mr. Robert Taylor

18. 584X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Renal Failure

7 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cardiac Failure

3 years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cholecystitis

3 years

19A. DATE OF OPERATION

9/18/52

19B. MAJOR FINDINGS OF OPERATION

acute exacerbation chr. cholecystitis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1952, to 9/26, 1952, that I last saw the  
deceased alive on 9/26, 1952, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Reed Carroll

M. D.

23B. ADDRESS

Church Home &amp; Hosp.

23C. DATE SIGNED

9/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.  
BALTO., 13, Md.

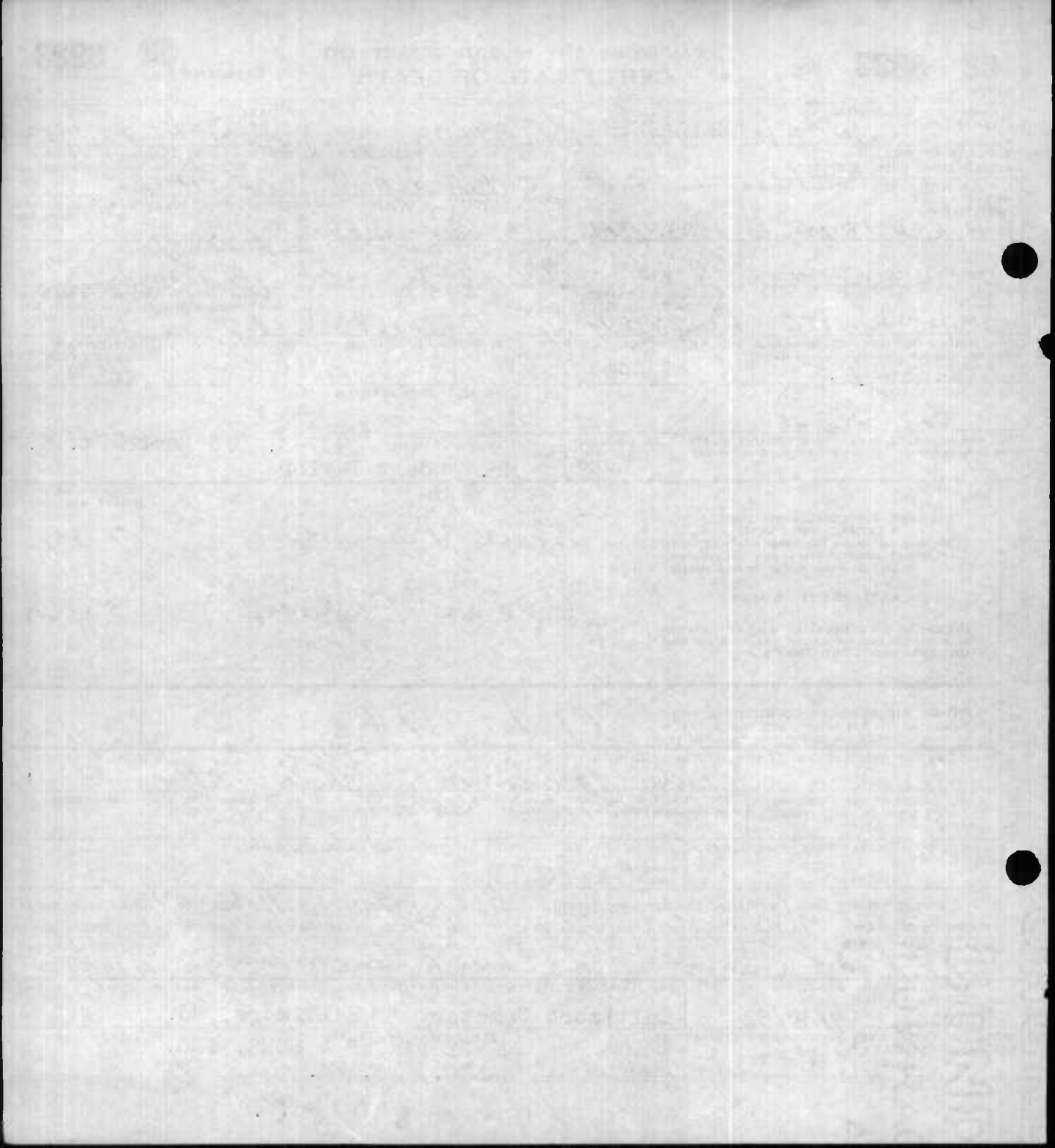
ADDRESS

George E. Sander

JEP-29-1952

VS 150

19520008900



52 8924

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8924

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE A. LAMMERS

2. DATE  
OF  
DEATH

Sept. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE  
Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3619 E. Lombard Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3 619 E. Lombard Street

E. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 17, 1906

9. AGE (In years  
last birthday)

46

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Rehmert

14. MOTHER'S MAIDEN NAME

Marie Beaton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

214-14-4719

17. INFORMANT 3619 E. Lombard Street

Mr. Bernard Lammers

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of Colon

7/8/52

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Metastases to  
liver, lungs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7/8/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 1950, to Sept 26, 1952 that I last saw the  
deceased alive on Sept 25, 1952 and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenstein, M.D.

23B. ADDRESS

548 W 36th

23C. DATE SIGNED

Sept 27/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

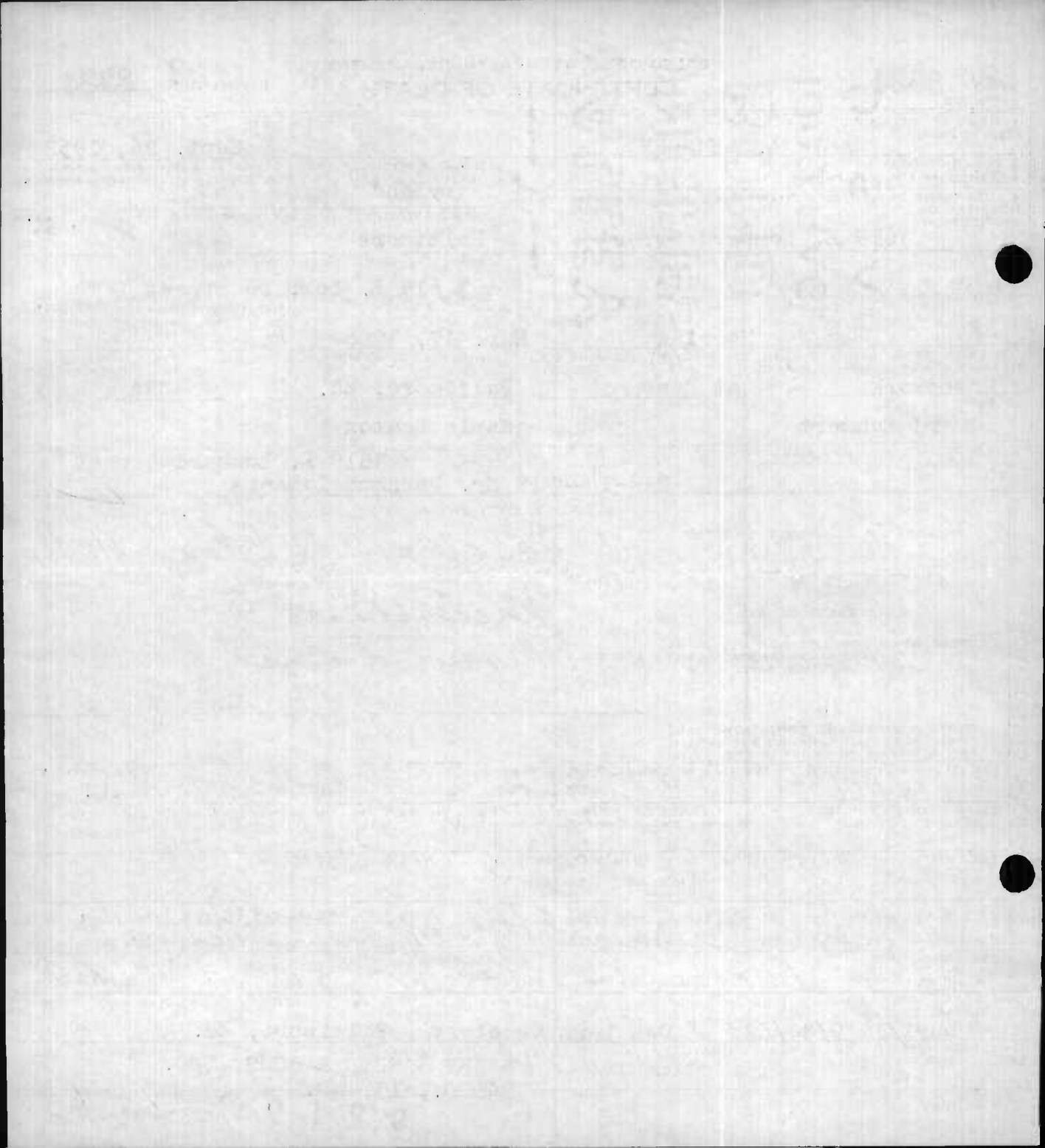
ADDRESS

BALTO., 13, MD.

SEP 29 1952

VS 150

1252002 George F. Sander





660  
52 8925BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8925  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH

VERERIA

2. DATE  
OF  
DEATH

September 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

804 Greenmount Avenue

5. Length of stay in Baltimore

20 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 18, 1912

9. AGE (In years  
last birthday)

40

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Portugal

12. CITIZEN OF  
WHAT COUNTRY?

Portugal

13. FATHER'S NAME

Manuel Vereria

14. MOTHER'S MARRIED NAME

Anna Lorelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Addelle Vereria

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive arteriosclerotic  
~~myocardial~~ cardiovascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Coronary occlusion  
~~myocardial~~  
(C) Myocardial infarct11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. H. H.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 25, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Miss Robert A. Elliott &amp; Daughters

VS 151

673-55 11297. Caroline St

FA 6590

Registered No. 52 8926

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Bernard Joseph Newberger, Sr.		2. DATE OF DEATH 9-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Balto.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		(If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, md 26-08	
C. Length of stay in Baltimore		Life		D. STREET ADDRESS (If rural, give location) 3716 Gough Street	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-8-97	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Bond Bakery		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME Joseph Newberger		14. MOTHER'S MAIDEN NAME Catherine Sprink	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Ella Newberger	
				ADDRESS 3716 Gough Street	

MEDICAL CERTIFICATION	18.	420.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <u>Coronary Thrombosis</u> DUE TO		
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) _____ DUE TO (C) _____		
	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> AT WORK m. <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>52</u> , to <u>April</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April</u> , 19 <u>52</u> , and that death occurred at <u>A. m.</u> , from the causes and on the date stated above.					
	23A. SIGNATURE <u>J. H. J. [Signature]</u>		23B. ADDRESS M. O. <u>3400 2nd St. N. W.</u>		23C. DATE SIGNED <u>9/27/52</u>	
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>9-30-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
	DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Lilly &amp; Zeiler Inc. 403 S. Wolfe St.</u>		

VS 150

763 44

3400 E. Beltr ST

650

52 8927

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8927

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry Graham

2. DATE  
OF  
DEATH

27 Sept. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF f not in hospital or institution, give street address or  
HOSPITAL OR location  
INSTITUTION

530- Orchard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

530 Orchard St.

Length of stay in Baltimore

Years

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

no.

Victoria Graham-530-Orchard St.

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I certify that I took charge of the remains described above, held an In spection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Charles P. Curry

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

9/27/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/30/52

Mt. Auburn Cmet.

Maryland.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

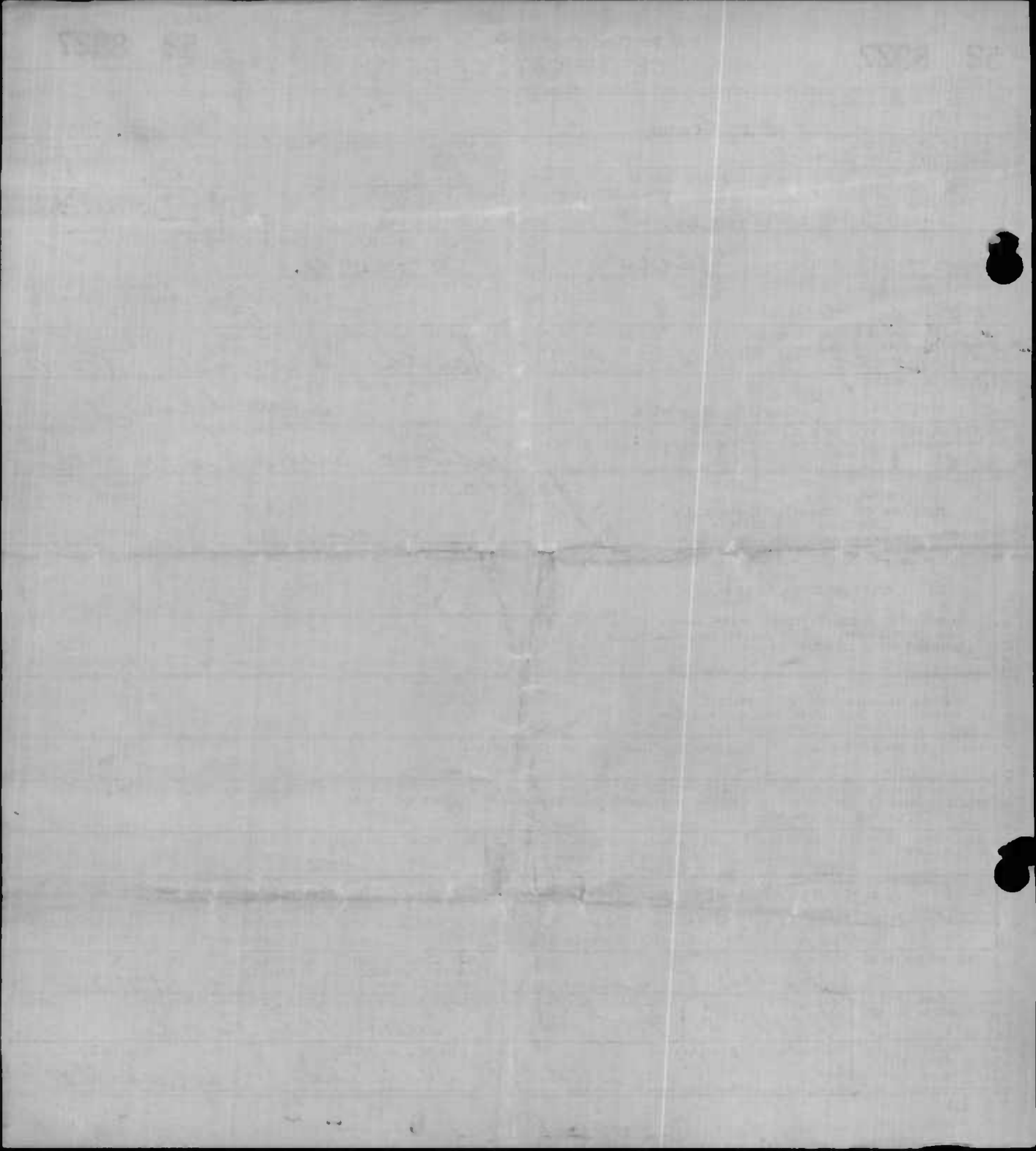
SEP 29 1952

H. L. Williams, M.D.

A. Halstead-918. Grand Hill Ex.

VS 151

92084 0 8 9 2 2





# CERTIFICATE CORRECTED 4-27-53

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 8928

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

~~JAMES~~

THOMAS

HORTON, JR.

2. DATE  
OF

DEATH September 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1328 Aisquith Street

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH (last birthday)

8-3-1912

9. AGE (in years last birthday)

34-23

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

SEMI

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS HORTON, SR.

APR 1

14. MOTHER'S MAIDEN NAME

JULIA CARTER, S.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
LULA H RICHARDSON 1454 N.Y.

18. 4701

### CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary insufficiency

XXXXXX

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial failure

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William A. Jackson

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Sept. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO NAT. CEM.

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

SEP 29 1952

REGISTRAR'S SIGNATURE

H. L. Williams, M.D.

25. FUNERAL DIRECTOR

WILLIAM A. JACKSON, 916 PENNY-AVE.

VS 151

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32 8929BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8929

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident.

6 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Phlebotrombosis (right leg)  
(C) Chronic Myeloid Leukemia.6 wks.  
(known)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26-52, 19, to 9-27-52, 19, that I last saw the deceased alive on 9-27-52, 19, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL / CREMATION / REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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UNITED STATES OF AMERICA

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264  
52 8930BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 8930

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Raymond Pickrell

2. DATE  
OF  
DEATH

September 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland H &amp; H 2

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

2 weeks

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

West Virginia V-45

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Geston

D. STREET ADDRESS (If rural, give location)

R.F.D. #1

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-15-46

9. AGE (In years  
last birthday)

6

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Weston

W. Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Warren Pickrell

14. MOTHER'S MAIDEN NAME

Anna Ferlio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ABDOMINAL LYMPHOSARCOMA ? - 9/4/52

DUE TO

9/17/52

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/17/52 3

19B. MAJOR FINDINGS OF OPERATION

ABO. LYMPHOSARCOMA.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17 1952, to 9-27, 1952, that I last saw the  
deceased alive on 9-27, 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Vincent

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED  
9/27/5224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-30-52

24C. NAME OF CEMETERY OR CREMATORY

Petersen

24D. LOCATION (City, town, or county) (State)

Baltimore Co., W. Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard H. Hubbard, 2503 Edmondson Ave.





523

52 8931

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8931  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGUERITE WINGATE

2. DATE  
OF  
DEATH

Sept 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland U

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIV. Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-18

D. STREET ADDRESS (If rural, give location)

5233 Linden Heights

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

40

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Wingate

14. MOTHER'S MAIDEN NAME

MARTHA PARKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral VAS. Accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9/27, 1952, to 9/27, 1952, that I last saw the  
deceased alive on 9/27, 1952, and that death occurred at 5:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Foley

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

9/27/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-30-52

24C. NAME OF CEMETERY OR CREMATORY

Cambridge

24D. LOCATION (City, town, or county)

Cambridge, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson Ave.

ADDRESS

SEP 29 1952

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

*Long*

100  
52 8932TOPA  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8932  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John Topa</i>		2. DATE OF DEATH <i>September 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Sindi Hospital of Baltimore Inc</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore-31, 2-03</i>	
D. STREET ADDRESS (If rural, give location) <i>1705 Lancaster Street</i>			
5. LENGTH OF STAY IN BALTIMORE <i>??</i>		Yrs. Mos. Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>May 3-1897</i>
9. AGE (In years last birthday) <i>55</i>		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butcher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Karol Meat</i>	
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Topa</i>		14. MOTHER'S MAIDEN NAME <i>Zofia Garza</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Polish</i>		16. SOCIAL SECURITY NO. <i>218-10-4755</i>	
17. INFORMANT <i>Mrs. Anna Topa</i>		ADDRESS <i>1705 Lancaster Street</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic heart disease</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	CAUSE OF DEATH <i>Arteriosclerotic heart disease</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>September 28, 1952</i> to <i>September 28, 1952</i> , that I last saw the deceased alive on <i>September 28, 1952</i> and that death occurred at <i>9:45 a.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Myron Fine</i>		23B. ADDRESS <i>Sindi Hospital</i>		23C. DATE SIGNED <i>September 28, 1952</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 2-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>1300 Dundalk Ave</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>George A. Weber</i>
		ADDRESS <i>205 S. Anne St</i>	

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10-10-8



**CERTIFICATE CORRECTED** 10-1-52  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

52 8934  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ROSALIE- ROSA LEE**

**TEETER TETER**

2. DATE  
OF  
DEATH

**September 28, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**South Baltimore General Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

**Virginia**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Waynesboro**

D. STREET ADDRESS (If rural, give location)  
**527 S. Magnolia Avenue**

Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**Jan. 3, 1920**

9. AGE (In years last birthday)

**abt 32 yrs.**

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Beauty Parlor Operator**

10B. KIND OF BUSINESS OR INDUSTRY

**Beauty Parlor**

13. FATHER'S NAME

**William M. Whisman**

11. BIRTHPLACE (State or foreign country)

**Parnassas, Virginia**

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

**Willie Myrtle Props**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**231-14-9015**

17. INFORMANT

ADDRESS

**Mr. William M. Whisman Mt. Solon, Va.**

18. **E816.4**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Crushing of chest and abdomen with  
complete fracture of spine**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office hldg., etc.)

**street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Bayard and Ridgely Streets**

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

**9/28/52 7:20 p.**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**collison with another  
passenger in auto involved in**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. H. Fisher**

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

**9/29/52**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Removal**

24B. DATE

**9/29/52**

24C. NAME OF CEMETERY OR CREMATORY

**RIVER VIEW CEM**

24D. LOCATION (City, town, or county) (State)

**Waynesboro Va**

DATE RECEIVED BY  
LOCAL REGISTRAR

**SEP 29 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**E. H. Lamoreau**

ADDRESS

**4010  
Lafayette Hgts**

IN SENATE,  
January 10, 1898.

REPORT  
OF THE  
COMMISSIONER OF THE LAND OFFICE,  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE,  
MAY 10, 1897.

ALBANY:  
J. B. LIPPINCOTT & CO.,  
PRINTERS,  
1898.

6248935

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8935

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type in Print)

KATHRYN SUZANNE GRILL

2. DATE  
OF  
DEATH

9-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

MARYLAND Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WOODHAWN - #7

D. STREET ADDRESS (If rural, give location)

OLD COURT RD.

5200

c. Length of stay in Baltimore

11

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE. MARRIED.  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 8 1942

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or on if retired)

School - full

10B. KIND OF BUSINESS OR  
INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Talbot C. Grill

14. MOTHER'S MAIDEN NAME

Lilham Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Talbot C. Grill

ADDRESS

old Court Rd.  
Woodhawn, Md.

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute lymphoid leukemia, leukemia

13 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1952, to 9-27, 1952, that I last saw the  
deceased alive on 9-27, 1952, and that death occurred at 6:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Wolff

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-27-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 30 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park (open)

24D. LOCATION (City, town, or county)

Woodhawn Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Willis Laworran 4510 Liberty Highway

ADDRESS

VS 150

19520000930

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

RECEIVED BY THE SECRETARY OF THE

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

6-5-11

2-3-11

100

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8936  
Registered No. \_\_\_\_\_

420  
52 8936  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MARY Volk</b>			2. DATE OF DEATH <b>9/27/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MD</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2327 N. CHARLES ST</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BAIto</b>		
c. Length of stay in Baltimore <b>4 MO.</b>			D. STREET ADDRESS (If rural, give location) <b>115 W. 29th ST</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>Nov 16 1865</b>		9. AGE (in years last birthday) <b>86</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			11. BIRTHPLACE (State or foreign country) <b>AUSTRIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Farber</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT ADDRESS <b>FRED J Volk 115 W 29th ST</b>		

18. <b>420.0</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		<b>3 MONTHS</b>
DUE TO (A) _____		
DUE TO (B) <b>ARTERIOSCLEROSIS</b>		<b>5 YRS</b>
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **MAY - 26, 1952** to **SEP 27, 1952**, that I last saw the deceased alive on **SEP 27, 1952**, and that death occurred at **LA. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Stuart D. Juby</b>		23B. ADDRESS <b>201 EAST 33rd ST.</b>		23C. DATE SIGNED <b>9/29/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>SEP 30 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>NEW CATHEDRAL</b>	24D. LOCATION (City, town, or county) (State) <b>BAIto MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>CHARLES F. EVANS &amp; SON</b>	

STATE OF NEW YORK  
DEPARTMENT OF TAXATION

132 0339  
1016 43  
132 1328



# CERTIFICATE CORRECTED

9-29-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 8937**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOHN**

**DANIEL**

**D.**

**HARRIS SR.**

2. DATE  
OF  
DEATH

**September 28, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

**Johns Hopkins Hospital**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Married**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Farmer & Carpenter**

10B. KIND OF BUSINESS OR

INDUSTRY

**Own Farm Construction Work**

13. FATHER'S NAME

**Z. N. Harris**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

**July, 1888**

9. AGE (In years last birthday)

**64**

11. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

**Appomattox, Virginia**

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

**Joella Ferguson**

17. INFORMANT

ADDRESS

**Mr. John D. Harris Jr., Appomattox, Va.**

18. **E816.4**

### CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Crushing Injury of the Chest**

~~XXXX~~

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Broadway and Eager Street**

**714**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**9/28/52 10:30 p.**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**auto collison passenger in auto involved in auto and**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. D. Fisher**

-M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

**9/29/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**9/29/52**

24C. NAME OF CEMETERY OR CREMATORY

**New Hope Baptist Cem. Appomattox, Va.**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 29 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Wm. J. Pickner & Sons, No. 1 Penn. Ave.**

ADDRESS

**Wash.**

VS 151

**N 862.2**

**10/1/52**

**Wash.**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



655  
52 8938BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 52 8938

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Delia J Harmon

2. DATE  
OF  
DEATH

Sept 26 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2219 Fayette St

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Matthew Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

51

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie Parker

17. INFORMANT

ADDRESS

Sadie Ward 2219 Fayette St

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic cardiovascular  
renal disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1952, to Sept 26, 1952, that I last saw the  
deceased alive on 9/25, 1952, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

PLEASE  
correct age is especially important. Physicians write the causes of death clearly and legibly.

SEP 29 1952

Huntington Williams, M.D. Sarah L Brown Bow 108 W

Montgomery St

1000

1000

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1000

COMMONWEALTH OF MASSACHUSETTS

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8939**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**CLARENCE**

**CARROLL**

2. DATE OF DEATH **September 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **Anne Arundel**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Glen Burnie**

D. STREET ADDRESS (If rural, give location)  
**1004 N.W. Crane Highway**

5. Length of stay in Baltimore

**Life**

Yrs.  
Mos.  
Days

5. SEX  
**Male**

6. COLOR OR RACE  
**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**April 23, 1881**

9. AGE (In years last birthday)

**71**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY  
**In General**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Henry Carroll**

14. MOTHER'S MAIDEN NAME

**Ellen Carroll**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mary E. Carroll 1004 Crain Highway**

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. B. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED  
**9/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**9/30/1952**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Calvary Cem.**

24D. LOCATION (City, town, or county)

**Brooklyn Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 29 1952**

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Ching Wilson 1000 Bristle Ave*

V S 151

97099

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8940  
Registered No. 52 8940

1. NAME OF DECEASED (Type or Print) MILTON HORNER TAPMAN		2. DATE OF DEATH 9-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 412 WESTSHIRE DRIVE (28)	
5. SEX M	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-20-82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REFRIG. ENGINEER		10B. KIND OF BUSINESS OR INDUSTRY REFRIGERATOR	9. AGE (In years last birthday) 70
13. FATHER'S NAME JOHN TAPMAN		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNK.		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Dorothy M. Segner	

18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH 4803 Colebrook Road  (A) Coronary occlusion DUE TO  (B) Arteriosclerotic heart disease DUE TO  (C) Diabetes mellitus	INTERVAL BETWEEN ONSET AND DEATH 8 da.
--	---	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1952 to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 10:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE Harry A. Green, Jr.	23B. ADDRESS M. D. Union Memorial Hosp.	23C. DATE SIGNED 9-28-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 2 /52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.
24D. LOCATION (City, town, or county) Balto. Md.		24E. LOCATION (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR SEP 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry A. Green, Jr.	ADDRESS 4101 Edmondson Ave
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CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8941  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leo Hayden

2. DATE  
OF  
DEATH

Sept. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3203 Stanley Road

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-7-1898

9. AGE (In years,

last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Taxi

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Hayden

Deceased

14. MOTHER'S MAIDEN NAME

Mary Tansey

deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Pearl Hayden, 3202 Stanley Rd.

18. 443x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Intra cerebral hemorrhage  
cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial infarction  
chronic disease

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1952, to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 1/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry N. Hutzler

ADDRESS

4101 Edmondson Ave

VS 150

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CHIEF OF BUREAU OF HEALTH  
WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8942  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HENRY PEDDICORD</b>		2. DATE OF DEATH <b>September 26, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. Length of stay in Baltimore <b>Halethorpe Balto Md</b>		D. STREET ADDRESS (If rural, give location) <b>3209 Stanley Road</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 14 1918?</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		9. AGE (In years last birthday) <b>34</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Truck Bldg INDUSTRY</b>		11. BIRTHPLACE (State or foreign country) <b>Balto City Md</b>	
13. FATHER'S NAME <b>Henry A Peddicord</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-05-8641</b>	
17. INFORMANT <b>Vivian Lloyd Prddicord</b>		ADDRESS <b>3209 Stanley Rd</b>	

18. **E 816.4** **E 816.1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

(A) **Crushing Injury of the Chest**

**KX36X**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of Skull**

**KX36X**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Wilkins Avenue 300' from De Soto Road</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9/26/52 2:15 a.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>auto and trailer truck collision</b>

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>RBFisher</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>9/26/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>9-30-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Medow Ridge Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Wash Blvd Howard Co Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Edward Jankov</b>		ADDRESS <b>2359 Wash Blvd Balto 30 Md</b>

V S 151

**N 862.2** **N 804.2** **6853S**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





624  
52 8943

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8943

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Claggett Lyles Marshall</i>		2. DATE OF DEATH <i>9-28-52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-02</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1609 North Milton Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1609 North Milton Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar. 16/1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Telegraph Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>B.O. Railroad</i>	9. AGE (In years last birthday) Months Days <i>74</i>
13. FATHER'S NAME <i>Thomas Marshall</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Harriet Lyles</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mannie P. Marshall - 1609 N. Milton Ave.</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.2</i> CAUSE OF DEATH <i>Arteriosclerotic Cardio-vascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
DUE TO (A) <i>Arteriosclerotic Cardio-vascular Disease</i>	
DUE TO (B) _____	
DUE TO (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cerebral Sclerosis, Angina Pectoris 5 yrs.</i>	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 19*47*, to *Sept. 28*, 19*52*, that I last saw the deceased alive on *Sept. 22*, 19*52* and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

22A. SIGNATURE *Wm. H. Kammer, Jr.* M. D. 22B. ADDRESS *5015 Sheridan Ave.* 22C. DATE SIGNED *9/29/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10-1-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Road - Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>John C. Miller Inc - 2435 E. Oliver St</i>	

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In duplicate, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF TEXAS  
COUNTY OF DALLAS

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8944**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**LOUIS**

**JOHNSON**

2. DATE  
OF  
DEATH

**September 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE **South Baltimore General Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland**  
B. COUNTY

C. CITY OR TOWN (If outside incorporated limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**161 W. Hamburg Street**

C. Length of stay in Baltimore

5. SEX **Male**  
6. COLOR OR RACE **Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**Aug 13 - 1882**

9. AGE (In years last birthday) **70**  
If Under 1 Year Months: Days  
If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY  
**none**

11. BIRTHPLACE (State or foreign country)  
**Calvert Co. Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Melford Johnson**

14. MOTHER'S MARDEN NAME

**Matha Johnson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**217-01-4080**

17. INFORMANT

ADDRESS

**Estella Johnson 161 W. Hamburg St.**

18. **420.0**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive and arteriosclerotic  
heart disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. B. Fisher**

23B. CHIEF MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

**9/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 29 1952**

**Huntington Williams, M.D.**

**W. B. Spriggs**

**139 W. Hamburg St.**

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 8945**

**52 8945**

1. NAME OF DECEASED (Type or Print) <b>LAURA V. MURNAGHAN</b>			2. DATE OF DEATH <b>Sept. 27, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Ellinger Nursing Home</b> <b>1913 Eutaw Place</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1127 Mary Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 30, 1865</b>		9. AGE (In years last birthday) <b>87</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Caleb Seitz</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Trogler</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Ella Murnaghan-8425 Pleasant Plains Rd. Towson</b>		

18. <b>450.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>GENERALIZED ARTERIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>malnutrition moderate</b> <b>CARDIAC WEAKNESS</b>		<b>sev months</b> <b>sev. months</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>52</b> , to <b>Sept. 27, 1952</b> , that I last saw the deceased alive on <b>9-26</b> , 19 <b>52</b> , and that death occurred at <b>4:00A</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Ellsworth Cook</i>		23B. ADDRESS <b>2431 MARYLAND AVENUE</b>		23C. DATE SIGNED <b>9-29-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/30/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Vickers &amp; Sons</i> <b>Balto 17, Md.</b>

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535  
52 8946BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8946  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Roland Bendann.</i>		2. DATE OF DEATH <i>28 Sept 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital.</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. 1st, and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Sherraton Belvedere Hotel - Chase @ Charles St.</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>18 March 1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Art Dealer</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Maryland.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. FATHER'S NAME <i>David Bendann</i>		14. MOTHER'S MAIDEN NAME <i>Pauline Seliger.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unk.</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Maurice Bendann</i>		ADDRESS <i>Hydrow &amp; Lake Ave.</i>	

18. *151X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *combination of smaller lesions metastatic cancer of stomach*  
DUE TO*27 1/2 day*  
*of this 1952*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO*Sept. 28*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)   
DUE TO*ca. 1 week*  
*before onset of last episode*  
*beginning of this 1952*

19A. DATE OF OPERATION <i>Sept. 24 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>ca of pylorus and infiltration into surrounding</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>✓</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>✓</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>✓</i>	
21D. TIME (Month) (Day) (Year) (Hour) <i>✓</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>✓</i>	
22. I hereby certify that I attended the deceased from <i>Aug. 27<sup>th</sup></i> , 19 <i>52</i> , to <i>Sept. 28</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Sept. 27</i> , 19 <i>52</i> , and that death occurred at <i>6:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Lester S. Ambrose</i>		M. D. <i>The Union Memorial Hospital</i>		23B. ADDRESS <i>Balto., Md.</i>	
23C. DATE SIGNED <i>9/28/52</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. Hebrew Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickens &amp; Sons</i>	
				ADDRESS <i>Balto 17, Md.</i>	

VS 150

290 060 089 Balto 17, Md.



620  
52 8947BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8947  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

W. ERIC DRAKE

2. DATE  
OF  
DEATH

Sept. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

303 Goodwood Gardens

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

303 Goodwood Gardens

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 28, 1902

9. AGE (In years last birthday)

50

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Executive

10B. KIND OF BUSINESS OR INDUSTRY

Pharmaceutical Mfrgr.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Henry Drake

14. MOTHER'S MAIDEN NAME

Ellen Lowrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Elvira K. Drake - 303 Goodwood Gardens

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anteriorly coronary artery

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946 to Sept, 1952, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter B. Buck

M. D.

18 E. Egan St.

Sept 29, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1952

Huntington Williams, Jr.

J. M. J. Vickers &amp; Sons



326  
52 8948BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8948

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNIE AUGUSTA BUTCHER

2. DATE  
OF  
DEATH

9-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Women's Hospital

C. Length of stay in Baltimore

35 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Francis Augustus Bowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

?

8. DATE OF BIRTH

2-30-97

9. AGE (in years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Carroll, Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Rosa Butcher Logue

17. INFORMANT

Miss Ethel B. Lane

ADDRESS

Balti. Md.

18. 200.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Generalized lymphosarcoma

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16/1952, to 9/26/1952, that I last saw the  
deceased alive on 9/26/1952, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Wesley H. Hays

M. D.

23B. ADDRESS

Women's Hosp. Balti. Md.

23C. DATE SIGNED

9/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sep. 30-1952

24C. NAME OF CEMETERY OR CREMATORY

Finksburg

24D. LOCATION (City, town, or county)

Carroll Co. Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1952

Huntington Williams, M.D.

Burque

Funeral Home

3631 Fall Road

George F. Burque

VS 150



y 2





640  
52 8949BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8949  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MINNIE V. BURL

2. DATE  
OF  
DEATH

Sept. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

643 Harvey Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

643 Harvey St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct 16, 1877

9. AGE (in years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Cumberland, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Penn

14. MOTHER'S MAIDEN NAME

Nancy Tally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Catherine Williams, 643 Harvey St.

18. 332X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

Cerebra / Thrombosis

12 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

General Arteriosclerosis

10-15 yrs +

(C) .....

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to Sept 26, 1952, that I last saw the deceased alive on Sept 25, 1952, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/30/52

Louden Park

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1952

Catherine Williams, M.D.

1217 St Paul St

0001

93

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

100-100000

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Date of birth</p>		<p>4. Date of death</p>	
<p>5. Place of birth</p>		<p>6. Place of death</p>	
<p>7. Usual residence</p>		<p>8. Cause of death</p>	
<p>9. Manner of death</p>		<p>10. Signature of physician</p>	
<p>11. Signature of registrar</p>		<p>12. Signature of informant</p>	

correct age is important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8950

BIRTH NO. 58 8950

1. NAME OF DECEASED  
(Type or Print)

Robert W. Smith

2. DATE  
OF  
DEATH

9-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

South Baltimore Gen. Hosp.

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Brooklyn Park

D. STREET ADDRESS (If rural, give location)

330 Riverview Rd.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/4/1947

9. AGE (In years last birthday)

4

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wilbert H. Smith

14. MOTHER'S MAIDEN NAME

Evelyn V. Woodward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wilbert H. Smith 330 Riverview Rd.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Skull Fracture - Avascular of Brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Multiple Fractures of Extremities

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City or County)

Belgrave Ave + 1st St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

9/27/52 .445 P.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian Struck by Auto.

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Woodward

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook, Inc. 1217 St. Paul St.

V S 151

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0202

1991

Call to attention of the

attention of the

attention of the

1991

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8951

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANTHONY S. BOGATKO, JR.

2. DATE  
OF  
DEATH

September 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

727 Deepdene Road

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

727 Deepdene Road

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 1, 1926

9. AGE (In years  
last birthday)

26

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Electronic Engineering

10B. KIND OF BUSINESS OR  
INDUSTRY

Electronics

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anthony S. Bogatko, M.D.

14. MOTHER'S MAIDEN NAME

Frances Hacker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Yes

World War II

16. SOCIAL  
SECURITY NO.

064-20-9419

17. INFORMANT

ADDRESS

Anthony S. Bogatko, M.D.

18. E976x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Gunshot wound of the head

~~K7636~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

727 Deepdene Road

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9/28/52 1:00 p.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

firearms

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. Fisher*23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

9/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

OCT 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

ROSEHILL MEMORIAL PARK

24D. LOCATION (City, town, or county)

LINDEN

(State)

N.J.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Thurston Williams, M.D.*

25. FUNERAL DIRECTOR

*Wm. J. Fickner & Sons*

ADDRESS

*North Pa. Ave*

\_\_\_\_\_



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8952  
Registered No. \_\_\_\_\_

520  
52 8952  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Joseph H. HAINES</b>		2. DATE OF DEATH <b>9-29-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) <b>Maryland Carroll</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Linwood</b>	
7. Length of stay in Baltimore <b>1</b>		8. STREET ADDRESS (If rural, give location) <b>Rural 5600</b>	
9. SEX <b>M</b>	10. COLOR OR RACE <b>W</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	12. DATE OF BIRTH <b>3/11/1891</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		14. AGE (In years last birthday) <b>61</b>	
15. KIND OF BUSINESS OR INDUSTRY <b>LIVE Stock Dealer</b>		15. BIRTHPLACE (State or foreign country) <b>Herring, Kansas</b>	
16. FATHER'S NAME <b>Lewis H. Haines</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>World War I</b>		19. MOTHER'S MAIDEN NAME <b>Mary E. Ecker</b>	
20. SOCIAL SECURITY NO. <b>none</b>		21. INFORMANT <b>Wm. J. Haines, Linwood, Md</b>	
22. 18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b>		23. CAUSE OF DEATH <b>Coronary Artery Disease</b>	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		25. INTERVAL BETWEEN ONSET AND DEATH	
26. 19A. DATE OF OPERATION <b>0</b>		27. 19B. MAJOR FINDINGS OF OPERATION	
28. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		29. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
30. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		31. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. 21F. HOW DID INJURY OCCUR?		35. 22. I hereby certify that I attended the deceased from <b>Sept. 28, 1952</b> , to <b>Sept. 29, 1952</b> that I last saw the deceased alive on <b>Sept. 29, 1952</b> , and that death occurred at <b>7:30 A.M.</b> , from the causes and on the date stated above.	
36. 23A. SIGNATURE <b>Ray Pryor</b>		37. 23B. ADDRESS <b>University Hospital</b>	
38. 23C. DATE SIGNED <b>9/29/52</b>		39. 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
40. 24B. DATE <b>10/2/52</b>		41. 24C. NAME OF CEMETERY OR CREMATORY <b>Pipe Creek Cem</b>	
42. 24D. LOCATION (City, town, or county) (State) <b>Carroll County, Md.</b>		43. 25. FUNERAL DIRECTOR <b>D. D. Hartzer &amp; Sons</b>	
44. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>		45. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
46. VS 150		47. 100602 <b>Glendon B. ... New Windsor, Md.</b>	

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please use the correct age.

1952

1953

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1954



1955

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 8953	
1. NAME OF DECEASED (Type or Print) <b>LANSING FREDERICK WRIGHT</b>			2. DATE OF DEATH <b>Sept. 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>West Virginia</b> B. COUNTY <b>V-45</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U.S. Public Health Service location) INSTITUTION <b>Wyman Pk. Drive &amp; 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Point Pleasant</b>		
Length of stay in Baltimore <b>31 days</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>417 Main Street</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>3/25/84</b>	9. AGE (In years last birthday) <b>68</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Captain</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Seafarer</b>	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>James B. Wright</b>			14. MOTHER'S MAIDEN NAME <b>Josephine Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>235-26-3080</b>	17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>		
18. <b>181X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of bladder with ureteral obstruction at ureteral vesical junction.</b> DUE TO (A) (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 28, 1952</b> to <b>Sept. 28, 1952</b> that I last saw the deceased alive on <b>Sept. 28, 1952</b> and that death occurred at <b>9:25P m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J.A. Hunter</b> <b>J.A. Hunter</b> Clinical Director		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED <b>9/29/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24B. DATE <b>9/29/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkersburg</b>	
24D. LOCATION (City, town, or county) (State) <b>Parkersburg, West Virginia</b>		25. FUNERAL DIRECTOR ADDRESS <b>1217 St. Paul Street</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

1. Please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

VS 150

240 55

EASTMAN CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1973

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESS		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF DECEASED		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF DECEASED		17. SIGNATURE OF DECEASED		18. SIGNATURE OF DECEASED	
19. SIGNATURE OF DECEASED		20. SIGNATURE OF DECEASED		21. SIGNATURE OF DECEASED	
22. SIGNATURE OF DECEASED		23. SIGNATURE OF DECEASED		24. SIGNATURE OF DECEASED	
25. SIGNATURE OF DECEASED		26. SIGNATURE OF DECEASED		27. SIGNATURE OF DECEASED	
28. SIGNATURE OF DECEASED		29. SIGNATURE OF DECEASED		30. SIGNATURE OF DECEASED	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF DECEASED		33. SIGNATURE OF DECEASED	
34. SIGNATURE OF DECEASED		35. SIGNATURE OF DECEASED		36. SIGNATURE OF DECEASED	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF DECEASED		39. SIGNATURE OF DECEASED	
40. SIGNATURE OF DECEASED		41. SIGNATURE OF DECEASED		42. SIGNATURE OF DECEASED	
43. SIGNATURE OF DECEASED		44. SIGNATURE OF DECEASED		45. SIGNATURE OF DECEASED	
46. SIGNATURE OF DECEASED		47. SIGNATURE OF DECEASED		48. SIGNATURE OF DECEASED	
49. SIGNATURE OF DECEASED		50. SIGNATURE OF DECEASED		51. SIGNATURE OF DECEASED	
52. SIGNATURE OF DECEASED		53. SIGNATURE OF DECEASED		54. SIGNATURE OF DECEASED	
55. SIGNATURE OF DECEASED		56. SIGNATURE OF DECEASED		57. SIGNATURE OF DECEASED	
58. SIGNATURE OF DECEASED		59. SIGNATURE OF DECEASED		60. SIGNATURE OF DECEASED	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF DECEASED		63. SIGNATURE OF DECEASED	
64. SIGNATURE OF DECEASED		65. SIGNATURE OF DECEASED		66. SIGNATURE OF DECEASED	
67. SIGNATURE OF DECEASED		68. SIGNATURE OF DECEASED		69. SIGNATURE OF DECEASED	
70. SIGNATURE OF DECEASED		71. SIGNATURE OF DECEASED		72. SIGNATURE OF DECEASED	
73. SIGNATURE OF DECEASED		74. SIGNATURE OF DECEASED		75. SIGNATURE OF DECEASED	
76. SIGNATURE OF DECEASED		77. SIGNATURE OF DECEASED		78. SIGNATURE OF DECEASED	
79. SIGNATURE OF DECEASED		80. SIGNATURE OF DECEASED		81. SIGNATURE OF DECEASED	
82. SIGNATURE OF DECEASED		83. SIGNATURE OF DECEASED		84. SIGNATURE OF DECEASED	
85. SIGNATURE OF DECEASED		86. SIGNATURE OF DECEASED		87. SIGNATURE OF DECEASED	
88. SIGNATURE OF DECEASED		89. SIGNATURE OF DECEASED		90. SIGNATURE OF DECEASED	
91. SIGNATURE OF DECEASED		92. SIGNATURE OF DECEASED		93. SIGNATURE OF DECEASED	
94. SIGNATURE OF DECEASED		95. SIGNATURE OF DECEASED		96. SIGNATURE OF DECEASED	
97. SIGNATURE OF DECEASED		98. SIGNATURE OF DECEASED		99. SIGNATURE OF DECEASED	
100. SIGNATURE OF DECEASED		101. SIGNATURE OF DECEASED		102. SIGNATURE OF DECEASED	

120

52 8954

BIRTH NO. 52-23030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 8954

Registered No.

1. NAME OF DECEASED  
(Type or Print) Baby Boy Sipes

2. DATE OF DEATH  
9-28-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE MARYLAND B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION  
Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE Dundalk

D. STREET ADDRESS (If rural, give location)  
7412 SCHOOL AVE 5353

E. Length of stay in Baltimore  
Yrs. Mos. Days

5. SEX  
MALE

6. COLOR OR RACE  
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
SINGLE

8. DATE OF BIRTH  
9-28-52

9. AGE (In years last birthday)  
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
HERRBERT SIPES

14. MOTHER'S MAIDEN NAME  
ELIZABETH CENKINTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Robert Sipes

ADDRESS

18. 752X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
A. Achondroplasia, Hydrocephalus  
DUE TO  
B. Multiple Congenital Anomalies  
DUE TO  
C.  
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1952, to Sept. 28, 1952, that I last saw the deceased alive on Sept. 28, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE  
J. Nelson McFar

23B. ADDRESS  
Bon Secours Hospital

23C. DATE SIGNED  
Sept. 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Buried

24B. DATE  
Sept 30, 52

24C. NAME OF CEMETERY OR CREMATORY  
New Cathedral Frederick Ave

24D. LOCATION (City, town, or county) (State)  
Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 29 1952

REGISTRAR'S SIGNATURE  
Huntington Williams

25. FUNERAL DIRECTOR  
Blumfeldt King 1346 Carroll Ave

ADDRESS

correct age is especially important. Physicians: please write the causes of death clearly and carefully.

MEDICAL CERTIFICATION

VS 150

19520008942

1788 98

RECEIVED

1788

1788 98



52 8955

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8955

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
Address

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 8-31-51 to 9-27-52, that I last saw the  
deceased alive on 9/25, 1952, and that death occurred at 89 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

SEP 30 1952

Huntington Williams, M.D. 16131 Druid Hill Ave

VS 150

970 50 0 8 0 5 0

MEDICAL CERTIFICATION

correct age is as primary informant. If unknown, please

17 8752

CERTIFICATE OF DEATH

PLACE OF DEATH

0308

635  
52 8956BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8956  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sallie A. Harden

2. DATE  
OF  
DEATH

Sept. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1526 Populus Grove St. Baltimore 16-07

C. Length of stay in Baltimore

1 yr 1/2

5. SEX

Female Colored

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

13. FATHER'S NAME

Thomas Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution, residence  
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1526 Populus Grove St.

8. DATE OF BIRTH

June 20, 1914

9. AGE (In years  
last birthday)

37

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Caswell Co. N.C.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Irma Bigelow

17. INFORMANT (Name and address)

Mrs. Bertha E. Walker  
1706 Kuxton Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Myocardial degeneration 2 mos.  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) H + D of Heart 1 yr.  
DUE TO

(C) Essential hypertension 1 1/2 yrs

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to Sept, 1952 that I last saw the  
deceased alive on Sept 28, 1952 and that death occurred at 1344 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

CAUSE OF DEATH

DEATH CERTIFICATE

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

RACE OF DECEASED

EDUCATION OF DECEASED

OCCUPATION OF DECEASED

RELATIONSHIP OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

251

52 8957

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8957

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ISIDORE ROSENBAUM

2. DATE  
OF  
DEATH

9-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2337 Anoka Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2337 Anoka Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-3

9. AGE (in years  
last birthday)

83

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during last of working life, even if retired)

retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Turner

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gaukel

14. MOTHER'S MAIDEN NAME

Zyha

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Rebecca Labunovetz

ADDRESS

same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) coronary occlusion

DUE TO

15 Minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Benign Prostatic Hypertrophy

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-15-52, 19, to 9-29-52, 19, that I last saw the  
deceased alive on 9-25-52, 19, and that death occurred at 12 M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Rousin

M. D.

23B. ADDRESS

206 S. Gilmer St.

23C. DATE SIGNED

9-29-59

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

9-29-52

24D. LOCATION (City, town, or county)

New York

(State)

N.Y.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewison

ADDRESS

2100 Canton Rd

Laessle  
206 So. Belmont St

Ln 1364  
3601 Belmont Rd Wob218



655  
52 8958HEKMAN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8958

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Celia Herman

2. DATE  
OF  
DEATH

Sept 29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4613 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

4623 Oysterstown Rd

c. Length of stay in Baltimore

60 yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1878

9. AGE (In years,  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

house wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Leventhal

14. MOTHER'S MAIDEN NAME

Lena ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs Delma Block

ADDRESS 4623  
Baltimore Rd

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio Vas. Disease

5 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1947, to Sept 29, 1952, that I last saw the deceased alive on Sept 29, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

M. D.

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

Sept. 29, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 30/52

24C. NAME OF CEMETERY OR CREMATORY

Chizuk Ameno

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinson &amp; Bros W. North Ave

ADDRESS 1126

8500

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-441100)  
FROM : SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

52 8959

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8959

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL

BLECKER

2. DATE  
OF  
DEATH

September 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION 225 Mason Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

225 Mason Court

Length of stay in Baltimore

48 yrs.

Yrs.  
Mos.  
Days5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH  
18869. AGE (In years  
last birthday)  
66If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bakery

10B. KIND OF BUSINESS OR  
INDUSTRY  
shop

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah Blecker- 225 Mason Court

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Pulmonary Tuberculosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

9/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial24B. DATE  
9/30/5224C. NAME OF CEMETERY OR CREMATORY  
Oheb Shalom Cong.24D. LOCATION (City, town, or county) (State)  
Baltimore, MarylandDATE RECEIVED BY  
LOCAL REGISTRAR  
SEP 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Hennson &amp; Bros - 1124-26 W.

North Ave

V S 151

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of neighbors	
19. Signature of friends		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of government		26. Signature of state		27. Signature of federal	
28. Signature of international		29. Signature of global		30. Signature of universal	
31. Signature of cosmic		32. Signature of divine		33. Signature of spiritual	
34. Signature of religious		35. Signature of sacred		36. Signature of holy	
37. Signature of blessed		38. Signature of glorious		39. Signature of magnificent	
40. Signature of sublime		41. Signature of divine		42. Signature of heavenly	
43. Signature of eternal		44. Signature of immortal		45. Signature of everlasting	
46. Signature of perpetual		47. Signature of permanent		48. Signature of enduring	
49. Signature of abiding		50. Signature of lasting		51. Signature of permanent	
52. Signature of perpetual		53. Signature of everlasting		54. Signature of immortal	
55. Signature of eternal		56. Signature of divine		57. Signature of sacred	
58. Signature of holy		59. Signature of blessed		60. Signature of glorious	
61. Signature of magnificent		62. Signature of sublime		63. Signature of divine	
64. Signature of heavenly		65. Signature of eternal		66. Signature of immortal	
67. Signature of everlasting		68. Signature of perpetual		69. Signature of permanent	
70. Signature of enduring		71. Signature of abiding		72. Signature of lasting	
73. Signature of permanent		74. Signature of perpetual		75. Signature of everlasting	
76. Signature of immortal		77. Signature of eternal		78. Signature of divine	
79. Signature of sacred		80. Signature of holy		81. Signature of blessed	
82. Signature of glorious		83. Signature of magnificent		84. Signature of sublime	
85. Signature of divine		86. Signature of heavenly		87. Signature of eternal	
88. Signature of immortal		89. Signature of everlasting		90. Signature of perpetual	
91. Signature of permanent		92. Signature of enduring		93. Signature of abiding	
94. Signature of lasting		95. Signature of permanent		96. Signature of perpetual	
97. Signature of everlasting		98. Signature of immortal		99. Signature of eternal	
100. Signature of divine		101. Signature of sacred		102. Signature of holy	
103. Signature of blessed		104. Signature of glorious		105. Signature of magnificent	
106. Signature of sublime		107. Signature of divine		108. Signature of heavenly	
109. Signature of eternal		110. Signature of immortal		111. Signature of everlasting	
112. Signature of perpetual		113. Signature of permanent		114. Signature of enduring	
115. Signature of abiding		116. Signature of lasting		117. Signature of permanent	
118. Signature of perpetual		119. Signature of everlasting		120. Signature of immortal	
121. Signature of eternal		122. Signature of divine		123. Signature of sacred	
124. Signature of holy		125. Signature of blessed		126. Signature of glorious	
127. Signature of magnificent		128. Signature of sublime		129. Signature of divine	
130. Signature of heavenly		131. Signature of eternal		132. Signature of immortal	
133. Signature of everlasting		134. Signature of perpetual		135. Signature of permanent	
136. Signature of enduring		137. Signature of abiding		138. Signature of lasting	
139. Signature of permanent		140. Signature of perpetual		141. Signature of everlasting	
142. Signature of immortal		143. Signature of eternal		144. Signature of divine	
145. Signature of sacred		146. Signature of holy		147. Signature of blessed	
148. Signature of glorious		149. Signature of magnificent		150. Signature of sublime	

300

52 8960

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8960

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHADD, HERBERT, ELY

2. DATE  
OF  
DEATH

September 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3730 Clarinith Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

27-20

D. STREET ADDRESS (If rural, give location)

3730 Clarinith Road

Length of stay in Baltimore

20 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug. 3, 1914

9. AGE (In years  
last birthday)

38

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

Mens Wear

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Chadokowsky

14. MOTHER'S MAIDEN NAME

Goldie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

World war 2

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Beverly Chad0- 3730 Clarinith Road

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

1 Hour

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic heart disease ?

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9/29/1952, to 9/29/1952, that I last saw the  
deceased alive on 9/29, 1952, and that death occurred at 11:20 am., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Burgin #

M. D.

23B. ADDRESS

6721 Reisterstown Rd.

23C. DATE SIGNED

9/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

Moses Montifiore

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

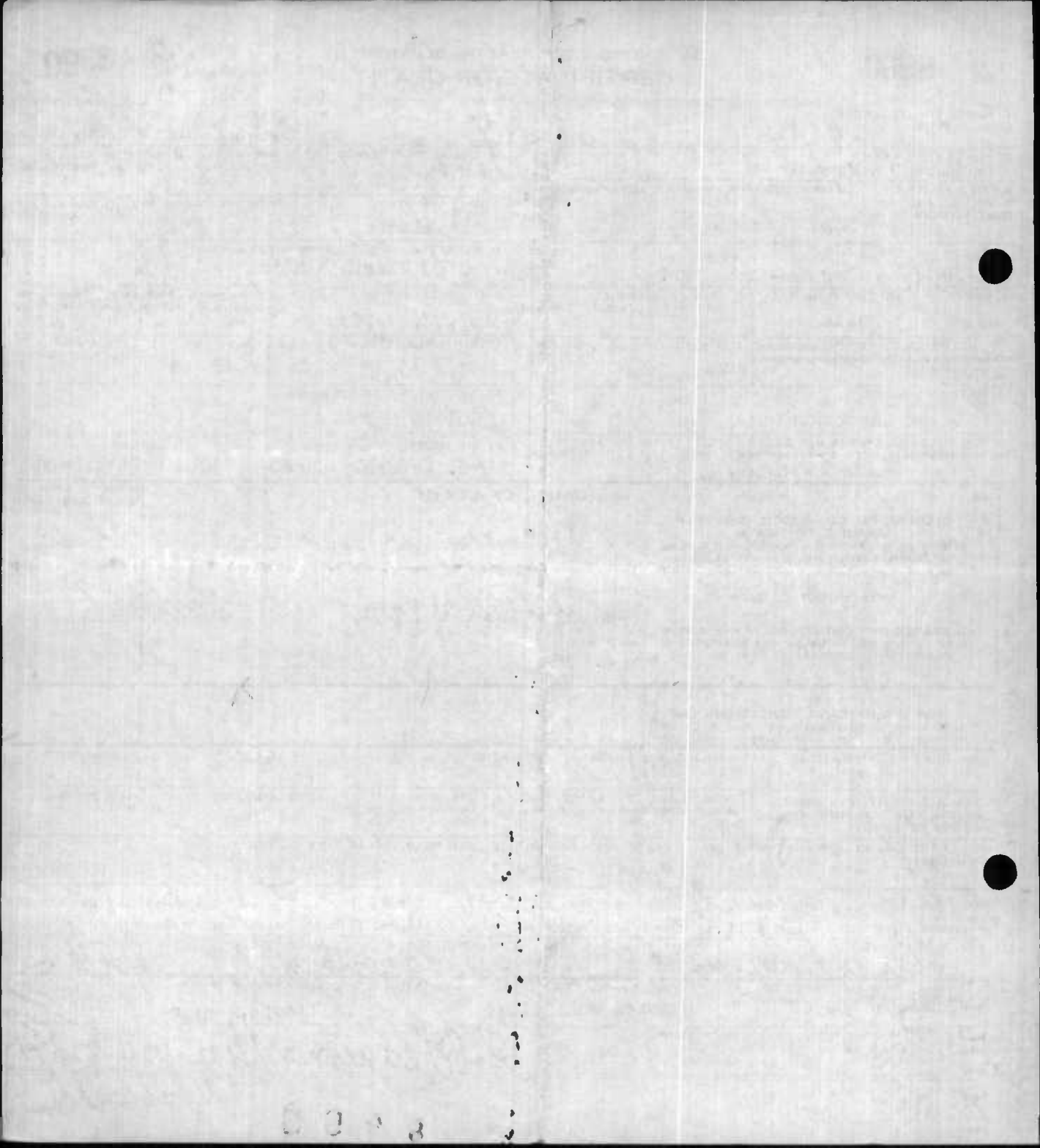
Sol Levine &amp; Bur-1124-26 W.

North Ave

VS 150

2906E 8055

MEDICAL CERTIFICATION





52 8961

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8961

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ada Cromwell

2. DATE  
OF  
DEATH

Sep. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

3217 Barclay St.

c. Length of stay in Baltimore

20 Yrs.  
3 mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sep. 8, 1901

9. AGE (in years)

31

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic Work Private Family

10B. KIND OF BUSINESS OR  
INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

David Ayers

14. MOTHER'S MAIDEN NAME

Josephine Purvines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

Unknown

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

1 mo.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute myeloid leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Furine in ano

2 1/2 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952, to 9/27, 1952, that I last saw the  
deceased alive on 9/27, 1952, and that death occurred at 3:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Peck

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/27/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/1/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Long Green, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Chatman, Jr. - 1701 Mt. Calhoun St.

ADDRESS

Balt. Md.

VS 150

572084

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

1202 S

STATE OF TEXAS

1202 S

1202 S

1202 S

1202 S

1202 S

52 8962

AB-162934

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

52-20928

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Bowman</b>		2. DATE OF DEATH <b>Sept. 14- 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1721 Pennsylvania Ave.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 9-1952</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <b>6</b>	
10B. KIND OF BUSINESS OR INDUSTRY		If Under 1 Year Months: Days <b>6</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		If Under 24 Hours Hours: Min.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Ruther McWilliams</b>	
14. MOTHER'S MAIDEN NAME <b>Ruth Bowman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>	

MEDICAL CERTIFICATION

18. <b>768.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Septicemia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Septicemia</b>	INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
---	--	-------------------------------------	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-9-</b> , 19 <b>52</b> , to <b>9-14-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-14-</b> , 19 <b>52</b> , and that death occurred at <b>8.20P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Williams</i>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>9.27.52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>		24B. DATE <b>9-16-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore City Hospitals</b>		24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave., Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.P.</i>		25. FUNERAL DIRECTOR		ADDRESS	

8-2325

CERTIFICATE OF DEATH

1-1-1900

1-1-1900

1-1-1900

1-1-1900

1-1-1900

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1-1-1900

52 8963

AB-162124

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 8963

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Brandford

2. DATE  
OF  
DEATH

Sept. 20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

318 Otterbein St. zone 30

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 17-1952

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Brandford

14. MOTHER'S MAIDEN NAME

Violet Bowie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 776x I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

1 month

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17-19 52 to 9-20-1952, that I last saw the deceased alive on 9-20-19 52, and that death occurred at 5:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremated

9-23-1952

Baltimore City Hospitals

4940 Eastern Ave., Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

VS 150

5 2 0 2 0 8 9 5 8

Physicians are especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





52 8964

AB-163250

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8964

Registered No.

BIRTH NO.

52-21939

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Johnson

2. DATE  
OF  
DEATH

Sept. 19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2716 Lauretta Ave.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 18-1952

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

1

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Chester Cunningham

14. MOTHER'S MAIDEN NAME

Mildred Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMATION ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Possible birth injury

DUE TO

1 day

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18-1952, to 9-19-1952, that I last saw the  
deceased alive on 9-19-1952, and that death occurred at 2.45A m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

9.27.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremated

24B. DATE

9-23-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



AB-163130

HARLEM

52 8965

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8965

BIRTH NO. 52-22715

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Smith

2. DATE  
OF  
DEATH

Sept. 15-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
1306 Highland Ave. zone 17 HARLEM AIR

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Sept. 15-1952

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

6 40

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Pewee ?

14. MOTHER'S MAIDEN NAME

Joan Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMED BY  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 762.5 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

6hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Atelectasis

DUE TO

6hrs

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9-15-1952, to 9-15-1952, that I last saw the  
deceased alive on 9-15-1952, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9 27 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremated

24B. DATE

9-19-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

VS 150

MEDICAL CERTIFICATION

any person, please write the causes of death clearly and legibly.



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-400

52 8966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 8966

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALLACE

Clifton Galloway

2. DATE  
OF  
DEATH

Sept 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY Hosp.

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Ind

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1228 Sargeant St

8. DATE OF BIRTH

Apr 24 1901

9. AGE (in years  
last birthday)

51

11 Under 1 Year Months: Days

11 Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pipe fitter

10B. KIND OF BUSINESS OR  
INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore Ind

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George W. Galloway

14. MOTHER'S MAIDEN NAME

Sarah Wentworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

—

16. SOCIAL  
SECURITY NO.

705-10-1816

17. INFORMANT

Sarah E. Galloway 1228 Sargeant St

ADDRESS

18. 578X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Gastro-Intestinal Hemorrhage  
DUE TO Congestive Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 9/27 1952 to 9/28 1952 that I last saw the  
deceased alive on 9/28 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Foley

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

9/28/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 1 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto

(State)

Ind

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 5311 Edmondson Ave

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

VS 150

574 508966

MEDICAL CERTIFICATION

STATE OF NEW YORK  
IN SENATE  
JANUARY 12, 1909.

SENATE

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1908

ALBANY:  
J. B. LEECH, STATE PRINTER.  
1909.



55  
52 8967BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8967  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ethel Gillman

2. DATE  
OF  
DEATH

9-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

57

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1701 Linden Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....☒

9-28-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D. Jack Lewis 2100 Centaw Rd

1. The first part of the report is a general introduction to the project.

2. The second part of the report is a detailed description of the methodology used.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is an appendix containing additional data and figures.

6. The sixth part of the report is a bibliography of the literature cited in the report.

7. The seventh part of the report is a list of the authors' addresses.

8. The eighth part of the report is a list of the authors' contact information.

9. The ninth part of the report is a list of the authors' acknowledgments.

10. The tenth part of the report is a list of the authors' disclosures.

11. The eleventh part of the report is a list of the authors' conflicts of interest.

12. The twelfth part of the report is a list of the authors' funding sources.

13. The thirteenth part of the report is a list of the authors' contributions.

14. The fourteenth part of the report is a list of the authors' roles.

15. The fifteenth part of the report is a list of the authors' responsibilities.

16. The sixteenth part of the report is a list of the authors' qualifications.

17. The seventeenth part of the report is a list of the authors' affiliations.

18. The eighteenth part of the report is a list of the authors' contact information.

52 8968

# HORVATH

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. 52 8968

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Horvath Jr.

2. DATE  
OF  
DEATH

Sept. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

113 Woodland Ave. #22 Baltimore

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

67 yrs.

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 15, 1885

9. AGE (in years  
last birthday)

67

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Metal sheet worker

10B. KIND OF BUSINESS OR  
INDUSTRY

BETHLEHEM STEEL

13. FATHER'S NAME

Joseph Horvath

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. A. NEMETHY 113 WOODLAND AV.

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Metastatic Ca of liver lungs  
OUE TO portions of b.i. tract

2 1/2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Primary Ca of heart & pericardium  
OUE TOII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Carcinoma of ileum, portions of  
ascending & transverse colon (thickened?)

19A. DATE OF OPERATION

8-13-52

19B. MAJOR FINDINGS OF OPERATION

Enlarged nodular liver, mesenteric lymphadenopathy  
Circulation of abd. cavity

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Boucway

M. O.

23B. ADDRESS

South Balto Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ulrich Funeral Home

ADDRESS

212  
Lundall

SEP 30 1952

VS 150

55910 3A 8968

MEDICAL CERTIFICATION

1974

STATE OF CALIFORNIA

1974

Blank lined area for text entry.

RECEIVED  
JAN 10 1974  
FBI - OAKLAND



52 8969

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8969  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William H. Roben

2. DATE  
OF  
DEATH Sept. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
location)  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 9-08

C. Length of stay in Baltimore

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
700 E. 23rd Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

12.28.18185

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY  
Retired

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William H. Roben

Deceased

14. MOTHER'S MAIDEN NAME

Susanna Hahn

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A)  
DUE TOPulmonary edema, fibrous  
Coronary atherosclerosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TOArteriosclerotic Cardio Vascular disease  
C. Grade IV decompensation

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthma, Pulmonary emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1952 to 9-28, 1952, that I last saw the  
deceased alive on 9-28, 1952, and that death occurred at 10:40 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

Ulrich Funeral Home

2008

DATE: 10/1/88

TO: DIRECTOR, CDC

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

STATE OF TEXAS

[illegible text block]

[illegible text block]

[illegible text block]

[illegible text block]



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 8970

52 8970

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Joanna Berthold Kohlmann</u>			2. DATE OF DEATH <u>Sept 27 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> <u>2036 E North Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>2036 E North Ave</u>					
E. Length of stay in Baltimore <u>life</u>			Yrs. _____ Mos. _____ Days _____		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Feb 19 1872</u>		9. AGE (In years last birthday) <u>80</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Penna</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>John Berthold</u>			14. MOTHER'S MAIDEN NAME <u>Don't know</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mrs Gladys Gudice 2036 E North Ave</u>		

18. <u>174x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Carelessness of own</u> DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
---	--	--	--

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Sep, 1952, to 27 Sep, 1952, that I last saw the deceased alive on 27 Sep, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D. 1513 W. Milliken Ave 23B. ADDRESS 2454 St 23C. DATE SIGNED 27 Sep 52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Sept 30 / 52 24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore Co

DATE RECEIVED BY LOCAL REGISTRAR SEP 30 1952 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2004 Orleans St

DEPARTMENT OF HEALTH & HUMAN SERVICES  
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH & SAFETY  
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH & SAFETY  
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH & SAFETY

DATE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

DATE OF FOLLOW-UP: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

DATE OF RE-EVALUATION: \_\_\_\_\_

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

52 8971

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY DeBEVAC

2. DATE OF DEATH

9/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Smarr Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Pennsylvania

B. COUNTY

V-35

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Smithfield

D. STREET ADDRESS (If rural, give location)

R D #3

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

3 m

Yrs. Mos. Days

8. DATE OF BIRTH

Jan. 29, 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Yugoslavia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Poldan

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vance Funeral Home, Smithfield, Pa.

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Lymphosarcoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1952, to Sept 29, 1952, that I last saw the deceased alive on Sept 29, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Devel Bahal M. D.

23B. ADDRESS

Smarr Hosp.

23C. DATE SIGNED

9/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

9/30/52

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cem.

24D. LOCATION (City, town, or county) (State)

Fairchance, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tiekner & Sons

VS 150

19520008900 Balto. 17, Md.

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1993

97

1993

97

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 8972**

**52 8972**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ROBERT FREDERICK DEW**

2. DATE  
OF  
DEATH

**Sept. 27, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Union Memorial Hosp.  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore** **27-13**

D. STREET ADDRESS (If rural, give location)  
**2114 Longwood Rd.**

c. Length of stay in Baltimore  
Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH

**Feb. 1, 1889**

9. AGE (In years  
last birthday)

**63**

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Personal representative Trust Co.**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Albert B. W. Dew**

14. MOTHER'S MAIDEN NAME

**Maggie March**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**yes**

**World #1**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Celeste N. Dew-2114 Longwood Rd.**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Coronary Thrombosis**

**10 minutes**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUPLICATE

(B)

**Arterio-sclerosis**

**Gradual**

DUPLICATE

(C)

**myocarditis**

**Hypertension**

**✓**

**✓**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept 1944** to **Sept 22, 1952** that I last saw the deceased alive on **Sept 25, 1952** and that death occurred at **1 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9/30/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Olivet Cem.**

24D. LOCATION (City, town, or county) (State)

**Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 30 1952**

**Huntington Williams, M.D.**

**2 Km. J. Pickner & Sons**

VS 150

**530 871**

**Balto 17 Md**

CERTIFICATE OF DEATH

THE STATE OF NEW YORK

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900



52 8973

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8973  
Registered No.

BIRTH NO. 52-21773

1. NAME OF DECEASED  
(Type or Print)

Carol Ann LeCompte

2. DATE  
OF  
DEATH

11:35 P.M.

Sept. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. Fayette St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 16 16-07

D. STREET ADDRESS (If rural, give location)

3052 Brighton Street

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 12, 1952

9. AGE (In years,  
last birthday)10 Under 1 Year  
Months: Days: Hours: Min.

16

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

none

13. FATHER'S NAME

Frederick William LeCompte

14. MOTHER'S MAIDEN NAME

Audrey Marie Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John E. Parks-3052 Brighton St.

18. 774X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Reiters Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Prematurity

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-12, 1952, to 9-28, 1952, that I last saw the  
deceased alive on 9-28, 1952, and that death occurred at 11:35 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/30/52

Lorraine Cem.

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

J. Dickner &amp; Sons

VS 150

Baltimore 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1973

32

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8974

BIRTH NO.

52 8974  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>HELEN R. HOPKINS</b>		2. DATE OF DEATH <b>Sept. 28, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1628 Bolton St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1628 Bolton St.</b>		E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 14, 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (in years last birthday) <b>69</b>
11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>David Weybright Ziegler</b>		14. MOTHER'S MAIDEN NAME <b>Anna G. Earnshaw</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Robert Palmer</b>		ADDRESS <b>1628 Bolton St.</b>	

18. <b>420.1</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/5</b> , 19 <b>51</b> , to <b>9/28</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9/28</b> , 19 <b>52</b> , and that death occurred at <b>12:24 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <b>2320 Euter Rd</b>		23C. DATE SIGNED <b>9/29/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>9/30/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount Crematory</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>					
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <i>[Signature]</i>	
				ADDRESS <b>Balto 17, Md.</b>	

correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE	
NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8975  
Registered No.

52 8975  
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ANNA T. NORTON		2. DATE OF DEATH Sept. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Melchoir Nursing Home Charles & 24th Sts.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brandon Shore	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 5200	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 5, 1873		9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John J. Norton		
14. MOTHER'S MAIDEN NAME Mary Cusack			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Miriam Schatz - Brandon Shore		

MEDICAL CERTIFICATION

1B. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Cerebral hemorrhage (A) General + cerebral sclerosis (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 36 hrs.  2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10, 1951, to Sept. 29, 1952, that I last saw the deceased alive on Sept. 29, 1952, and that death occurred at 1 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Louis E. Wice		23B. ADDRESS 920 St. Paul St. M. D.		23C. DATE SIGNED Sept. 30, '52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/2/52	24C. NAME OF CEMETERY OR CREMATORY St. Mary's Ch. Cem.	24D. LOCATION (City, town, or county) (State) Laurel, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. J. Schaner & Sons ADDRESS 5200 Balto 17 Md.	





LUCIAN HARRIS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8976  
Registered No.

52 8976  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lucian Harris</i>		2. DATE OF DEATH <i>9-28-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>1703</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mount Royal</i>		C. CITY OR TOWN <i>Balto</i>	
6. LENGTH OF STAY IN BALTIMORE <i>46</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>805 Brady St</i>	
7. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 13, 1901</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		9. AGE (In years last birthday) <i>51</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Gen.</i>		11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>	
13. FATHER'S NAME <i>Henry Harris</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Julia</i>	
16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT ADDRESS <i>Viola Harris 1043 Chaple St.</i>	

MEDICAL CERTIFICATION

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Coronary Heart Disease</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>P</i> <i>P</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-1-1952</i> to <i>9-28-52</i> that I last saw the deceased alive on <i>9-27-52</i> , 19 <i>52</i> and that death occurred at <i>8</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles W. Wells</i>		23B. ADDRESS <i>261 Harbor Pl</i>		23C. DATE SIGNED <i>9-29-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	
24D. LOCATION (City, town, or county) <i>Arbutus, Md;</i>		24E. LOCATION (State) <i>MD</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Geo. G. Kelson 1303 Prosstman St.</i>	

1 9 872 93 *Geo. G. Kelson*

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Anita Di Muzio</i>		2. DATE OF DEATH <i>9/29/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>933 Hollins St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>	
D. STREET ADDRESS (If rural, give location) <i>933 Hollins St.</i>		E. Yrs. <i>32</i> Mths. _____ Ds. _____	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6/19/1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house work at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>81</i>
11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John De Flavis</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mrs Lena Salvetti</i>		ADDRESS <i>933 Hollins St.</i>	

18. <i>422.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Edema</i>		CAUSE OF DEATH <i>Pulmonary Edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>sev. hrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic C.V.D.</i>		(A) DUE TO		(B) DUE TO	
(C) _____		(C) _____		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

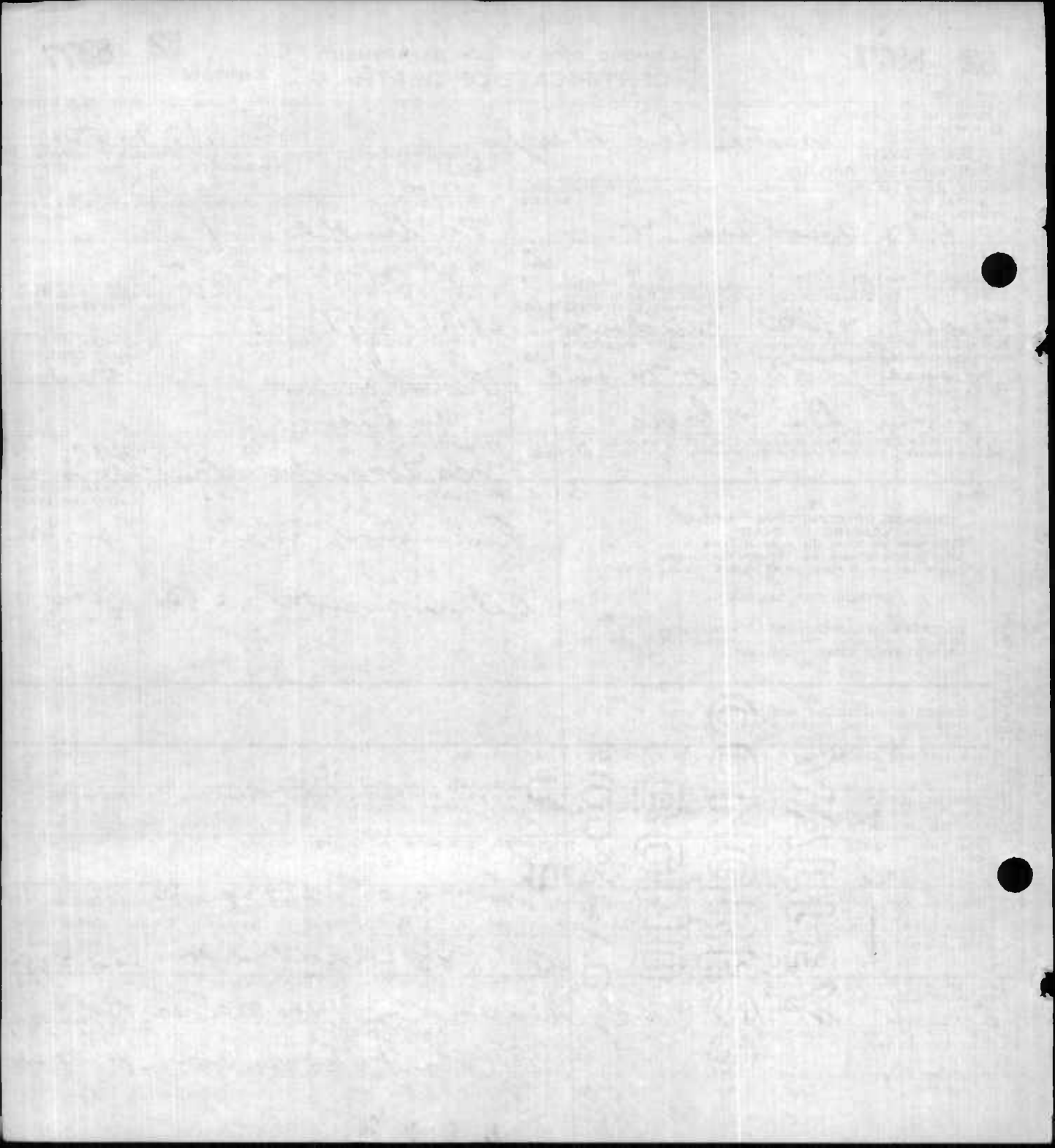
22. I hereby certify that I attended the deceased from *about Aug, 1952* to *Sept 29, 1952*, that I last saw the deceased alive on *Sept 4, 1952* and that death occurred at *2 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *S. Highten* M. D. 23B. ADDRESS *888 W. Lombard St.* 23C. DATE SIGNED *Sept 29, 52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd. Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Brown</i>		ADDRESS <i>933 Hollins St.</i>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



500  
52 8978TOWN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8978  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

-Amos B. Town

2. DATE  
OF  
DEATH

9/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Twilight Nursing Home

Yrs.  
Mos.  
Days

Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. City

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

6/23/1868

9. AGE (in years  
last birthday)

84

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mr Richard Town

103 So Ave  
Arlington

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive Cardio Vas. disease

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

Years.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Senility

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

Blindness, due to Retinal sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Sept. 28, 1952, that I last saw the  
deceased alive on Sept 28, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Lombardi

M. D.

23B. ADDRESS

910 W. Lombard St

23C. DATE SIGNED

Sept 30/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/2/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

E. North Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan &amp; Son

ADDRESS

281 St.  
Hollins

VS 150

19520008073

828

RECEIVED  
FEB 11 1964

100-100000

RECEIVED  
FEB 11 1964  
100-100000





52 8979

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8979  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JENNIE LEONA LEGASSE</b>			2. DATE OF DEATH <b>9-30-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MD.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4023 WILSBY AVE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 9-01</b>		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4023 WILSBY AVE</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>JULY 31, 1897</b>	9. AGE (In years last birthday) <b>55</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>NEW FREEDOM PA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>JOSEPA S. JONES</b>			14. MOTHER'S MAIDEN NAME <b>MANIE M. MATHEWS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Joseph J. Legasse Balto Md</b>		

18. **171X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) DUE TO

**Carcinoma of Cervix with Generalized metastasis**

INTERVAL BETWEEN ONSET AND DEATH

**2 1/2 yrs**

## ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>May 26, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Cervix</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 30, 1952</b> , to <b>Sept 30, 1952</b> , that I last saw the deceased alive on <b>Sept 29, 1952</b> , and that death occurred at <b>5:00 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Lloyd E. Saylor</b> M. D.		23B. ADDRESS <b>3902 Greenmount Ave.</b>		23C. DATE SIGNED <b>Sept 30, 1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24B. DATE <b>10-3-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>STEWARTSTOWN</b>	24D. LOCATION (City, town, or county) (State) <b>STEWARTSTOWN, YORK CO., PA.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Kenneth W. Orshurn, Stewartstown Pa.</b>

19520008974

Pa.

MEDICAL CERTIFICATION

TO : SAC, NEW YORK (100-100000) FROM : SAC, NEW YORK (100-100000)

RE :

SUBJECT: [Illegible]

DATE: 10-10-60

BY: [Illegible]

100-100000

100-100000

[Illegible handwritten notes]

[Illegible handwritten notes]

125  
52 8980BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8980

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mrs. ELISE W. GIBSON

2. DATE  
OF  
DEATH

Sept 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION Memorial Hospital

Length of stay in Baltimore

56

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

28-02

D. STREET ADDRESS (If rural, give location)

5510 Wayne Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral of Liver

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Sept 4, 1952 to Sept 29, 1952, that I last saw the  
deceased alive on Sept 29, 1952, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Burial Oct. 1, 1952 Loudon Park Cem. Baltimore, Md.

Huntington Williams, M.D.

E. Ellsworth (Bumaco)

4600 Liberty Bldg. Ave. 7

96502600

REPUBLIC OF THE PHILIPPINES

...

...

400

52 8981

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8981

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KATHERINE KELLY

2. DATE  
OF  
DEATH

9/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

MARYLAND

B. COUNTY

HOWARD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SIMPSONVILLE

D. STREET ADDRESS (If rural, give location)

NONE

Length of stay in Baltimore

0

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/30/52

9. AGE (in years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Kelly

14. MOTHER'S MAIDEN NAME

LAURA JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

William Kelly Simpsonville Md

18. 571.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9:30 / 30 AM, 1952, to 9/30, 1952, that I last saw the  
deceased alive on 9/30, 1952, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/30/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

F. C. Higginbotham Eelville City

VS 150

19520008976

correct age is especially important. Physicians: please write the causes of death clearly and correctly.

MEDICAL CERTIFICATION

1928

1928





52 8982

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8982  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lewis Hancock

2. DATE  
OF  
DEATH

Sept 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Cpl 6

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

George Hancock

8. DATE OF BIRTH

10-11-16

9. AGE (In years  
last birthday)

35

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Maggie Sims

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) hepatic coma

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) cirrhosis of the liver

2 yrs

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-1952 to 9-29-1952 that I last saw the  
deceased alive on 9-29-1952, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Johns

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-2-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

FAT ROCK P.C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. S. E. Co.

VS 150

MEDICAL CERTIFICATION

correct age is especially important. In signing, please write the cause of death clearly and legibly.

5223

52

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

1900

*[Faint, mostly illegible text follows, appearing to be a legal document or court record. The text is mirrored across the page, suggesting a bleed-through from the reverse side.]*

620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8983  
Registered No.

52 8983

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Hirsch

2. DATE  
OF  
DEATH

Sept. 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

South Baltimore General H.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt.

5250

D. STREET ADDRESS (If rural, give location)

203 Meadow Rd. 2nd St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 28, 1952 to Sept. 28, 1952 that I last saw the deceased alive on Sept 28, 1952 and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W.M. Conway

M. D.

South Baltimore Genl Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

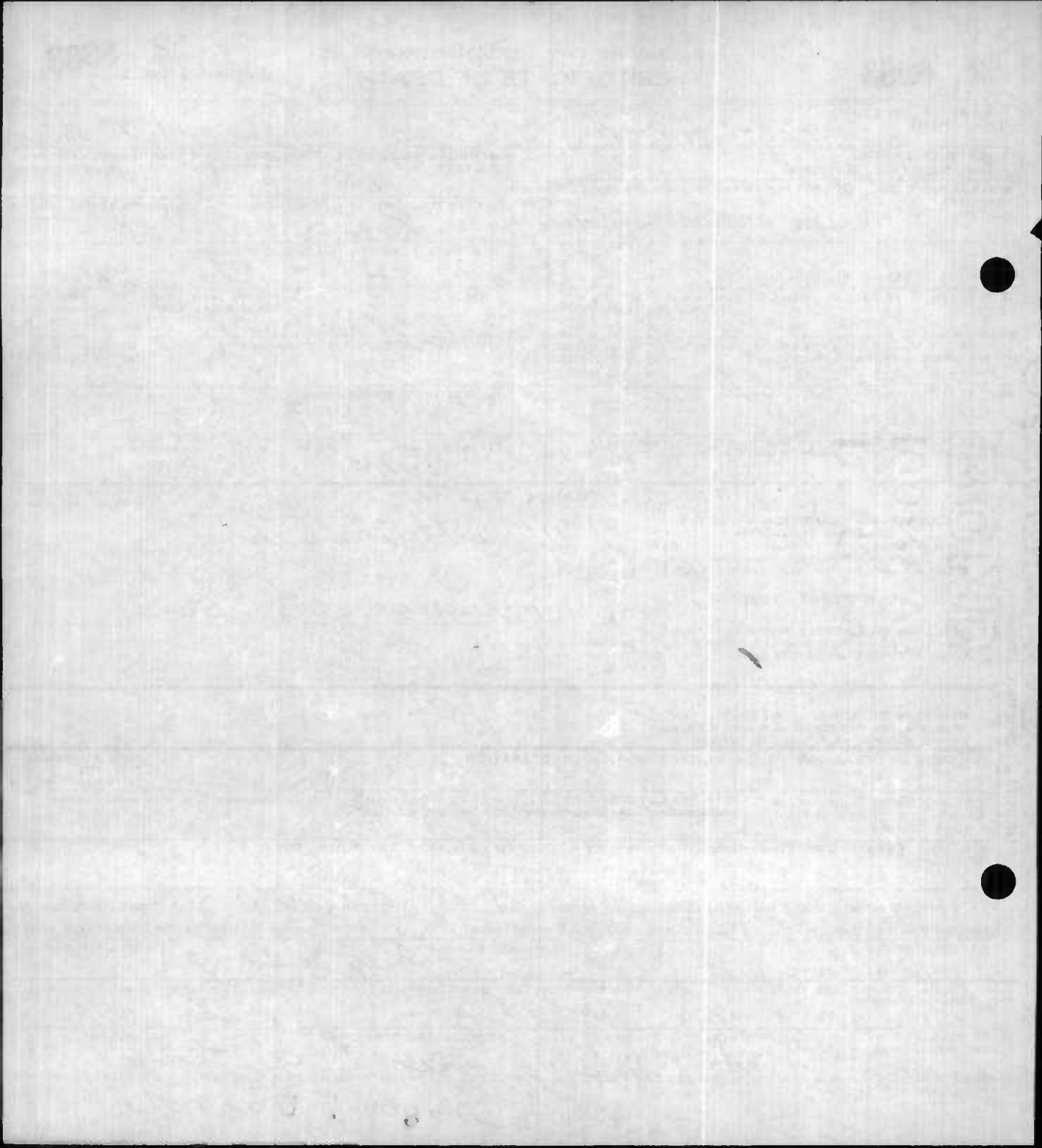
SEP 30 1952

VS 150

Huntington Williams, M.D.

J. L. C. C.

5923D 1830 E. Fort Ave.



335

52 8984

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8984

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

OTILIE M. STEDMAN

2. DATE  
OF  
DEATH

Sept. 29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Balto. Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Gen. German Aged Peoples Home  
22 S. Athol Ave

C. CITY OR TOWN

City

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 1, 1870

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: Days

If Under 24 hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Hacker

14. MOTHER'S MAIDEN NAME

Sophie Gude

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. Fredericka, 22 S. Athol Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cardio Respiratory failure 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardio Respiratory failure

(C) DUE TO

Anterior Arterio Sclerotic Cardio Vascular  
Disease & Hypertension  
Senility

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1950, to 29 Sept. 1952 that I last saw the deceased alive on 29 Sept. 1952, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1878

CERTIFICATE OF DEATH

1878



520

52 8985

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8985

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Williams Jones

2. DATE  
OF  
DEATH

9/26/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

701 West Mosher Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

701 West Mosher Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct.-25-1885

9. AGE (In years  
last birthday)

66

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Eliza Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Jones 701 W. Mosher St

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic valvular disease of heart

4 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2-, 1948 to 9-26-, 1952, that I last saw the  
deceased alive on 9-25-, 1952 and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/30/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

E. O. Wilson 1000 Banting

1953

RECEIVED BY MAIL FROM THE  
DEPARTMENT OF COMMERCE

1953

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H-416  
524 8986BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8986

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nellie L. Halford

2. DATE  
OF  
DEATH

9/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1321 Greenmount Ave

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto

9-09

D. STREET ADDRESS (If rural, give location)

1321 Greenmount Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Sclerosis

4 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from June, 1946, to Sept., 1952, that I last saw the  
deceased alive on Sept. 25, 1952, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. H. Kammer, Jr.

M. D.

501 Sheridan Ave.

Sept. 30, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/1/52

Cathedral

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

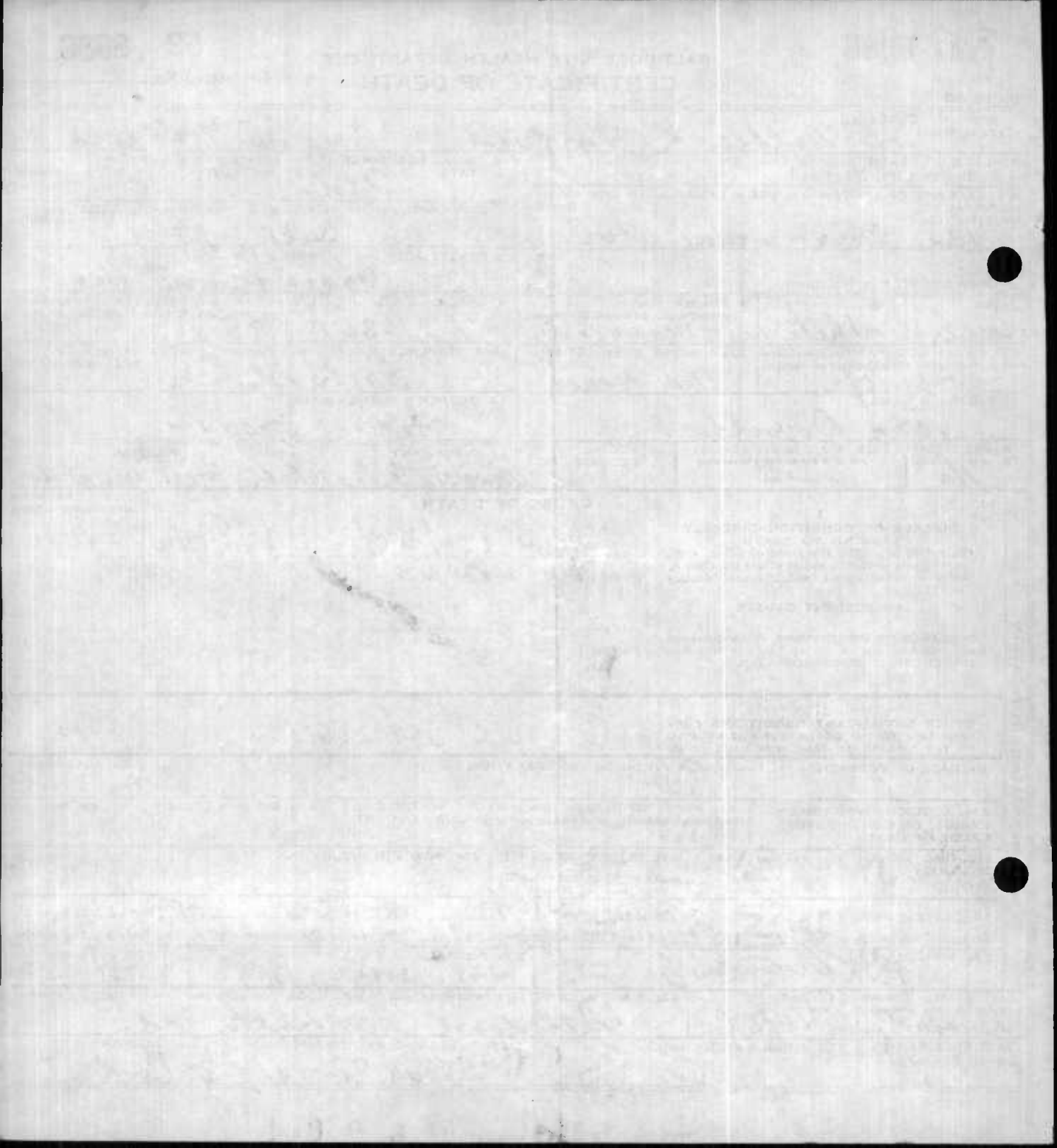
25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, Jr.

Wm. Cook Inc. 1217 St. Paul St.



52 8987

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8987  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALEXANDER R. RIFFE

2. DATE  
OF  
DEATH

Sept. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1607 W. Fayette 19002

Length of stay in Baltimore

2 1/2

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

July 1, 1952

9. AGE (in years last birthday) If Under 1 Year If Under 24 Hours  
Months: Days Hours: Min.

2 1/2

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

FOREST RIFFE

14. MOTHER'S MAIDEN NAME

MARY R. BLOOM FIELD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

FORREST D. RIFFE, 1607 W. FAYETTE ST.

18. 587.2

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cardio-Respiratory Failure

DUE TO

marked Emaciation

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Pancreatic Insufficiency

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Sept 21, 1952 to Sept 29, 1952, that I last saw the  
deceased alive on Sept 29, 1952, and that death occurred at 6:59 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Martha Triona - Certeza

M. O.

Mercy Hospital

9-29-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

10/1/52

U.S. NATIONAL

BALTIMORE, MARYLAND

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

Wm. Cook, Inc., 1217 ST. PAUL ST

520208982

1988

51

1988

51

WILLIAM

1988

1988

1988

1988



G-425 8988

52 8988

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Glossner, John

2. DATE  
OF  
DEATH

Sept. 29 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

104 W. Burnetts Rd 3-01

Length of stay in Baltimore

70 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 22, 1888

9. AGE (in years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stone Polisher

10B. KIND OF BUSINESS OR INDUSTRY

Young &amp; Shelden

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John H. Glossner

14. MOTHER'S MAIDEN NAME

Elizabeth Spoleder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Effie H. Glossner 104 W. Burnetts Rd

18. 420.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

Cerebral Hemorrhage  
Hypertensive Cardio-vascular Disease  
Arteriosclerotic Heart Disease

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1952, to Sept. 29, 1952, that I last saw the deceased alive on Sept. 28, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Conway

23B. ADDRESS

South Balto Genl Hosp.

23C. DATE SIGNED

9/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Beech Hall

24D. LOCATION (City, town, or county)

U. A. Co

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

A. Howard Evans 1400 S. Charles St

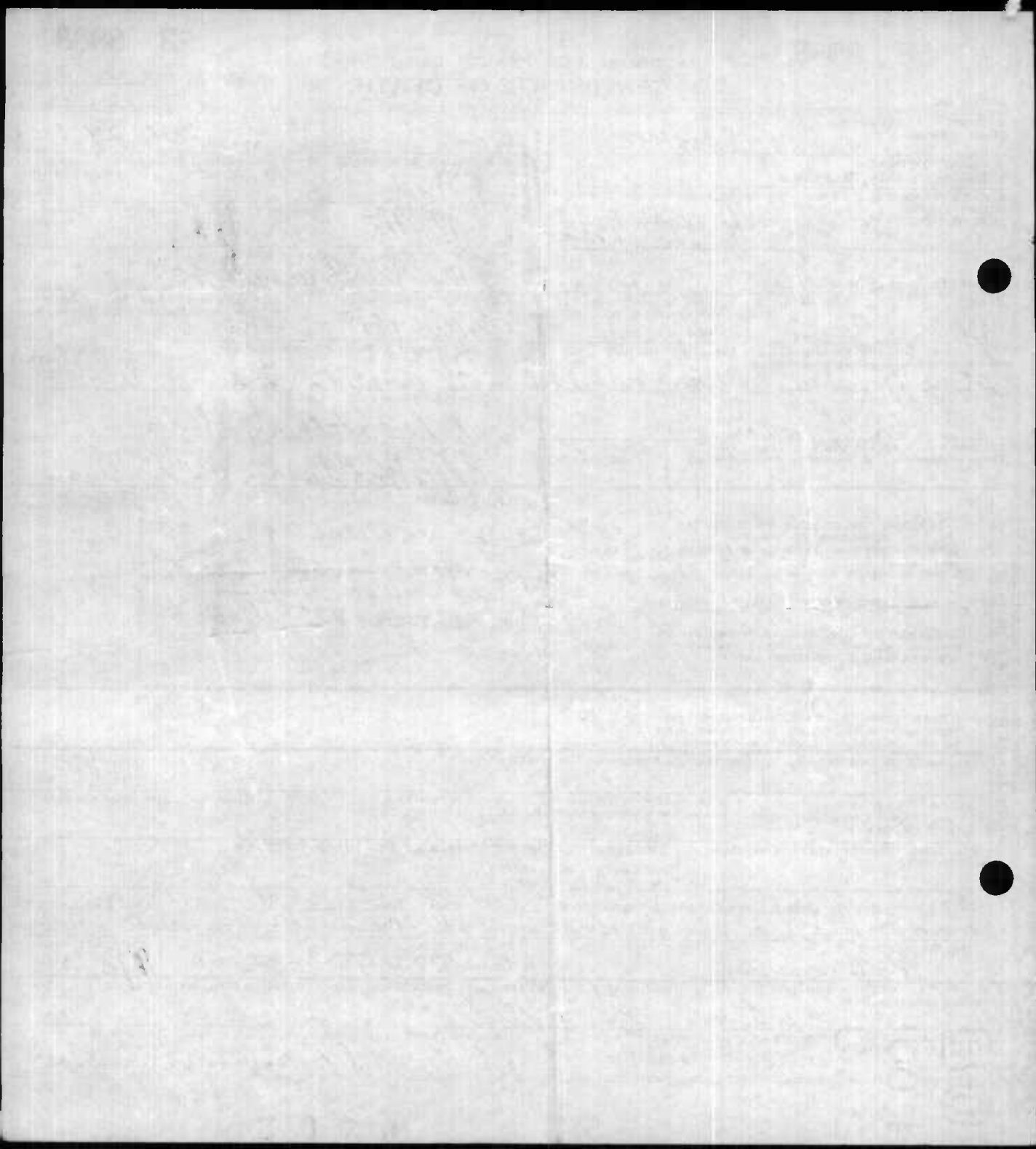
SEP 30 1952

VS 150

19520008988

MEDICAL CERTIFICATION

correct age is especially important. Any mistake will be cause for refusal to issue certificate.



560

52 8989

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8989

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Winder Emory

2. DATE  
OF  
DEATH

Sept. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

533 N. Stricker St.

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

533 N. Stricker St.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 24, 1879

9. AGE (in years last birthday)

72

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sec.

11. BIRTHPLACE (State or foreign country)

Centerville Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Tilghman Emory

14. MOTHER'S MAIDEN NAME

Hattie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Rev. Levi Miller

ADDRESS

18. 420.2

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis

DUE TO

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Angina Pectoris

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1952, to 9-27, 1952, that I last saw the deceased alive on 9-26, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders M. D.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

9-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/1/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county) (State)

Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Miss Kate R. Williams

ADDRESS

322 N. Saunders St.

92089008984

THE UNIVERSITY OF CHICAGO  
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

1950

1950



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8990

52 8990  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Elleanor West

2. DATE  
OF  
DEATH

9-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 16, 1884

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Harrison

14. MOTHER'S MAIDEN NAME

Alice Hoskins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mary E. Campbell

ADDRESS

18. 012.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Pott's Disease of Thoracic

DUE TO

(C)

Vertebra

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William E. Howard

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

9-28-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Western Star

24D. LOCATION (City, town, or county)

Catonsville Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schreder

ADDRESS 322 M

Mount Hospital

Mount Hospital

Mount Hospital

Mount Hospital

Mount Hospital



52 8991

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8991

Registered No.

BIRTH NO. 52-23595

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Armstrong

2. DATE  
OF  
DEATH

9/28/52

3. PLACE OF DEATH:

A. Baltimore City Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/28/52

9. AGE (In years  
last birthday)

3

10 Under 1 Year  
Months: Days

3

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Clément Harold Armstrong

14. MOTHER'S MAIDEN NAME

Lillian Ann Clinton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.0

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHCause of death of lungs.  
Cardiac-resp. failure

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25/1952 to 9/28, 1952 that I last saw the  
deceased alive on 9/28, 1952 and that death occurred at 5 pm., from the causes and on the date stated above.

22A. SIGNATURE

M. D.

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

VS 150

Huntington Williams, M.D.

J. J. Tohey Sons

1318 1/2 St. N. W.



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

52 8992

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8992

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALBERT BUNN

2. DATE  
OF  
DEATH

9/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MERCY HOSP

C. Length of stay in Baltimore

59

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/3/1894

9. AGE (in years  
last birthday)

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work in most of last year, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION 17 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 9/12, 1952 to 9/29, 1952 that I last saw the  
deceased alive on 9/29, 1952, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5444R 8907

224

30

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 8993  
Registered No.52 8993  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Julius Link</u>		2. DATE OF DEATH <u>9-28-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ind</u> B. COUNTY <u>Ind</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Square Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>20-02</u>	
Length of stay in Baltimore <u>70 yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>2138 W. Fayette St.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 30, 1876</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Machinist</u>		9. AGE (In years last birthday) <u>76</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>Brewer</u>		11. BIRTHPLACE (State or foreign country) <u>Berlin Germany</u>	
13. FATHER'S NAME <u>August Link</u>		12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>	
14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Urinary Retention

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

9-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.Frank H. Cole1913 W. Balto. St.

1888

1888





correct age is especially important. Physicians write the causes of death carefully and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 8994**

**52 8994**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Frank Oden*

2. DATE  
OF  
DEATH

*30 Sept 52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Mercy Hospital*

Length of stay in Baltimore

*8*

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*M*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*Md.*

B. COUNTY

*Washington*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Hancock*

D. STREET ADDRESS (If rural, give location)

*7100*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Plumber's Helper*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Washington, D.C.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.*

13. FATHER'S NAME

*Beverly Oden*

14. MOTHER'S MAIDEN NAME

*Alva Corbett*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Wife*

ADDRESS

*Above*

18. *330X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

*Intracerebral + Subdural hem.*

INTERVAL BETWEEN ONSET AND DEATH

*3 wks*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

*Congenital intracranial aneurysm*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*Sept 25, 52*

19B. MAJOR FINDINGS OF OPERATION

*Intra cerebral hematoma*

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *22 Sept, 1952* to *30 Sept, 1952*, that I last saw the deceased alive on *29 Sept, 1952*, and that death occurred at *12:30 am.*, from the causes and on the date stated above.

23A. SIGNATURE

*James A. Browne*

23B. ADDRESS

*Mercy Hospital*

23C. DATE SIGNED

*30 Sept 52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*10-3-52*

24C. NAME OF CEMETERY OR CREMATORY

*St. Peter's Catholic*

24D. LOCATION (City, town, or county)

*Hancock, Washington Md*

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 30 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Howard J. Glone, Hancock, Md*

*[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]*

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# CERTIFICATE CORRECTED

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. 52 8995

52 8995

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **HELEN GRAY KEITH WINSTEAD** 2. DATE OF DEATH **September 29, 1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION **University Hospital** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore, Waldorf**

D. STREET ADDRESS (If rural, give location) **Spring Grove Hospital**

Length of stay in Baltimore Yrs. Mos. Days

5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **9-23-AM 41** 9. AGE (In years last birthday) **41** II Under 1 Year Months Days II Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **lynchburg, Va. USA** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **James W. Keith** 14. MOTHER'S MAIDEN NAME **Helen Beapham**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Mr. James W. Keith - Madison Heights Va.** ADDRESS

18. **E978X I** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Crushed chest** (B) **Compound fracture dislocation of left elbow** (C) **Fracture of pelvis**

(D) **Comminuted fracture of left femur**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Lord Baltimore Hotel** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Baltimore and Hanover Streets**

21D. TIME (Month) (Day) (Year) (Hour) **Sept. 29, 1952 4:30 P.m.** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Jumped to pavement from 5th floor window**

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

23A. SIGNATURE **William W. Wood** 23B. CHIEF MEDICAL EXAMINER..... M.D. 23C. DATE SIGNED **Sept. 30, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **10-2-52** 24C. NAME OF CEMETERY OR CREMATORY **Spring Hill** 24D. LOCATION (City, town, or county) (State) **lynchburg Va**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 30 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Wm J. Tickner & Sons** ADDRESS **Balto. Md**

VS 151 **N862.0**

1893

1893

1893

RECEIVED

1893

1893

Medical Examiners Case

CENTRA

Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

52 8996

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52 8996

1. NAME OF DECEASED (Type or Print) <i>Esther Mentry</i>		2. DATE OF DEATH <i>September 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>8-07</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>13 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1327 N. Bond St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-14-16</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>35</i>
13. FATHER'S NAME <i>Jubilee Yancy</i>		11. BIRTHPLACE (State or foreign country) <i>Rayboro N.C.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-25*, 1952, to *9-28*, 1952, that I last saw the deceased alive on *9-28*, 1952, and that death occurred at *3:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Arthur D. Kaplan</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9-29-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Sep 30 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rayboro N.C.</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>1129 N. Caroline St.</i>	

VS 150

72084

Medical Examiner's to approve Certificates

correct age is especially important. Physicians: please print name.

NOT A MEDICAL EXAMINER'S CASE

*R. S. Fisher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER



52 8997

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8997

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rosa C. Ripley</i>			2. DATE OF DEATH <i>Sept. 27-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1174 Wash. Blvd.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-02</i>		
Length of stay in Baltimore <i>69</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1174 Washington Blvd</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Apr. 9-1893</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Andrew Brumm</i>		
14. MOTHER'S MAIDEN NAME <i>Dora Snyder</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>James Ripley 1708 Hollins St</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Hypertensme</i> DUE TO <i>Cardio Vascular Dues</i> (C)		<i>13 yr.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cerebral Thrombosis left</i>		<i>12 yr</i>

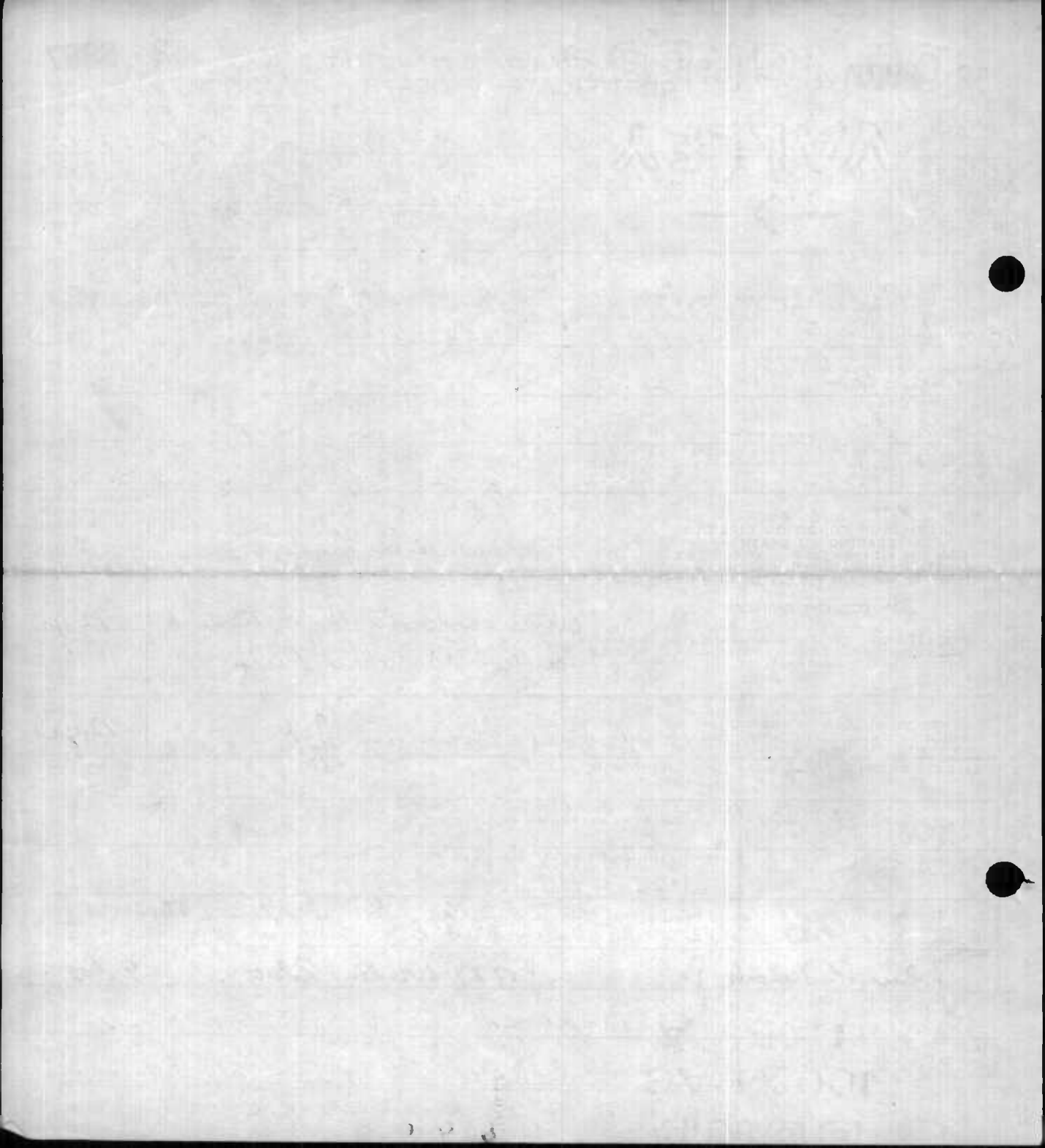
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *8-16* 19*46* to *9-27* 19*52*, that I last saw the deceased alive on *9-27* 19*52*, and that death occurred at *3 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John P. Velock Jr</i>	23B. ADDRESS <i>1227 Wash. Blvd</i>	23C. DATE SIGNED <i>9-30-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10-1-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. L. Beyer Jr</i>	ADDRESS <i>1512 Hollins St</i>
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460-

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 8998

52 8998

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Sophie Sabina Weiler</b>			2. DATE OF DEATH <b>9/28/52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> <b>Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b> <b>1231 Battery Ave.</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>24-03</b>		
Length of stay in Baltimore <b>all her life</b>			D. STREET ADDRESS (If rural, give location)		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>1/19/84</b>		9. AGE (In years last birthday) <b>68</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>organist</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Church</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>Rockus Weiler</b>		
14. MOTHER'S MAIDEN NAME <b>Sophia Belcher</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO. <b>219-30-9885</b>			17. INFORMANT ADDRESS <b>Hospital records</b>		

## CAUSE OF DEATH

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro-vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardiovascular Disease</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9/25/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Hanner too</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> and that death occurred at <b>8:50P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>G. Andrew Allee</b> M. O.		23B. ADDRESS		23C. DATE SIGNED <b>9/28/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 2-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>A.A. CO. MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Elizabeth Harbison, 115 E. West St.</b>			

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MEDICAL CERTIFICATION

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H20

FLORENCE M. ELLIS X  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 8999

Registered No. 52 8999

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ellis, Mrs Florence

2. DATE  
OF  
DEATH

9-30-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harford

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home and Hospital

C. CITY OR TOWN

Abertdeen

(If outside corporate limits, write RURAL and give township)

6200

D. STREET ADDRESS (If rural, give location)

Route I

Length of stay in Baltimore

65

Yrs.  
Mos.  
Days

6. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-5-1876

9. AGE (in years)

76

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

11A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

11B. KIND OF BUSINESS OR INDUSTRY

Home

12. BIRTH PLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Waidner

14. MOTHER'S MAIDEN NAME

Lilly Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Waidner, H. Church Home - Harford.

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute myocardial infarction 5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-16, 1952 to 9-30, 1952 that I last saw the deceased alive on 9-30, 1952 and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

u962

23B. ADDRESS

M. D.

Church Home and Hospital

23C. DATE SIGNED

9-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 3rd 1952

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 30 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

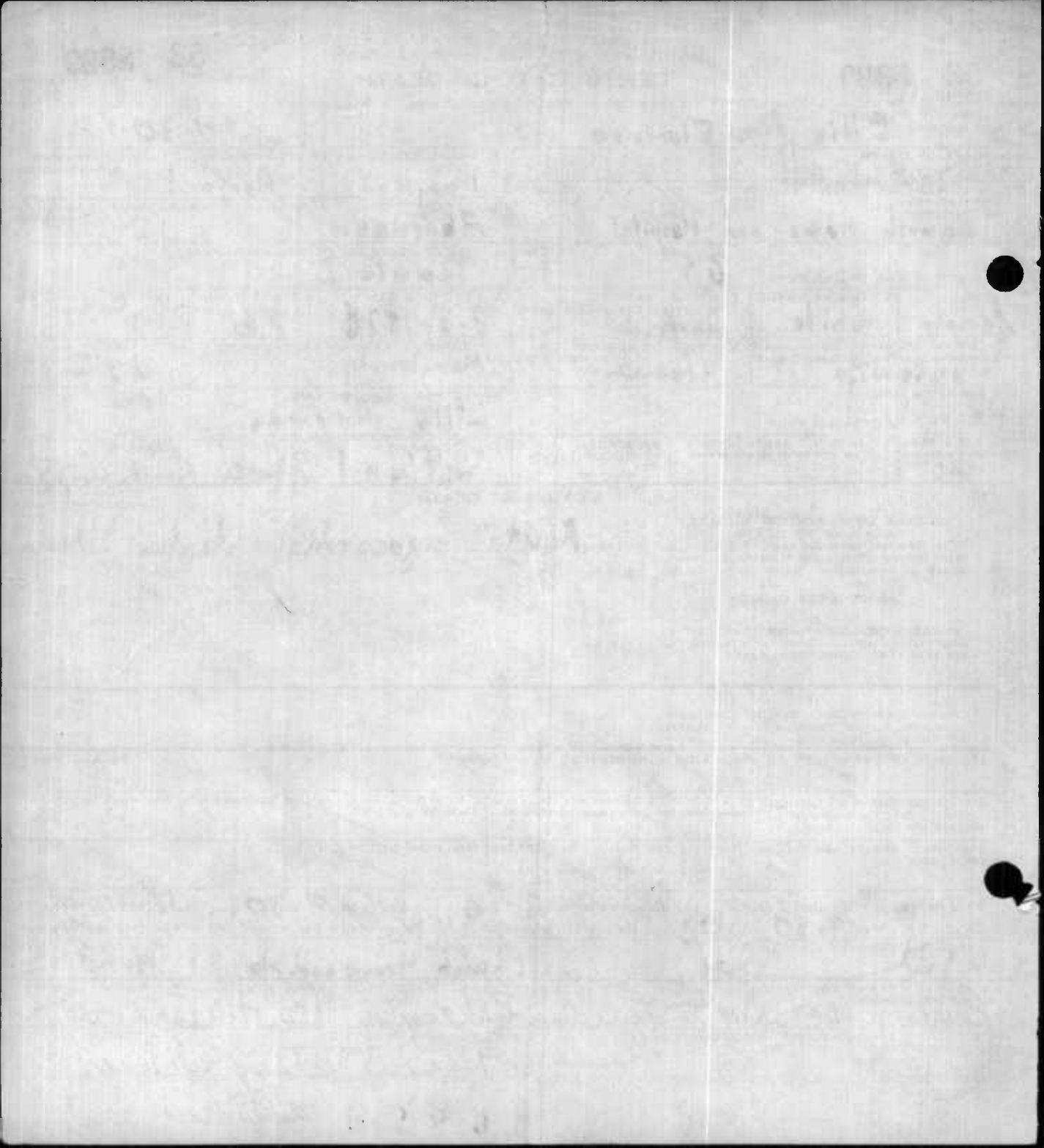
Newry Tarring and Sons

ADDRESS

VS 150

19520008994 aberdeen. md.

MEDICAL CERTIFICATION





52 9000

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 9000

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

MARIE LUDWIG

2. DATE OF DEATH  
Sept. 28, 1952

PLACE OF DEATH:

Baltimore City, Maryland 2406 E. Monument St.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 7-02

D. STREET ADDRESS (If rural, give location)

2406 E. Monument St.

Length of stay in Baltimore 49 yrs. Days

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 8, 1868

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Joseph Caska

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anna Behounek, dght, above

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Thrombosis

9/27/52

Chr. Myocarditis

2/1/52

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1952, to Sept 28, 1952, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

24D. LOCATION (City, town, or county) (State)

Horner's Lane, Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

5200

MEDICAL CERTIFICATION

